



OFFICE OF POPULATION CENSUSES AND SURVEYS
SOCIAL SURVEY DIVISION

Handicapped and Impaired in Great Britain

by Amelia I. Harris
with Elizabeth Cox
and Christopher R. W. Smith

PART 1

*An enquiry carried out on behalf of the
Department of Health and Social Security,
The Scottish Home and Health Department,
The Welsh Office—in conjunction with other
Government Departments*

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Amelia I. Harris

INTRODUCTION

This study was designed to give reliable estimates of the number of handicapped people aged 16 and over, living in private households in Great Britain, and to examine what local authority health and welfare services were being made available to the handicapped aged 16 and over living in private households to assist them to overcome their disablement as far as possible.

The first difficulty was to identify the impaired, and to assess, in the absence of accepted criteria, to what extent those with physical, mental or sensory impairments are handicapped. The first chapters of this report deal with the method used to classify the impaired by degree of handicap, and to estimate the numbers of people in Great Britain in the stated categories.

Health and welfare services were interpreted rather widely, as we felt that no study of the handicapped would be complete without examining medical aid and advice, and, that while local welfare authorities can, and do, help in the provision of sheltered accommodation, and in adapting public and private housing, it was necessary to consider the whole housing situation of the handicapped, a view in which we were encouraged by the (then) Ministry of Housing and Local Government. The study was also extended to cover employment.

Having identified the impaired population, the main fields of interest seemed to be:

- (1) the cause of impairment, the extent to which impairment results in handicap as far as self-care is concerned, and the extent to which handicapped and impaired people are helped by the various authorities
- (2) to what extent handicapped and impaired housewives can carry out their duties
- (3) their housing conditions
- (4) the effect of handicap and impairment on ability to get suitable employment, and
- (5) the effect of handicap and impairment on social life and leisure activities.

Each of these fields of interest would have justified a full-scale survey. Obtaining a sample of impaired and handicapped people is such a strain on resources that it would be unreasonable to expect separate samples to be drawn.

Thus this enquiry was designed to cover, a little further than was reasonably possible, all these interests.

The report has, therefore, been produced in five separate sections, although inevitably some of these overlap. It is published in two volumes:

Part I Handicapped and Impaired in Great Britain, covers cause of and degree of impairment or handicap, and help given by the various authorities, the disabled housewife, and the effect of handicap and impairment on social life and leisure.

Part II Employment and Housing, covers the topics named.

Some of the data, too, could be analysed in several ways to disclose different

aspects, and the problem in writing this report has been to avoid producing a document so packed with statistics as to make it impossible to find what is important. We have tried to concentrate on data which are essential and estimates which are reliable, rather than publish all the details, or pursue fascinating sidelines which have limited appeal.

The interviewing was carried out from October 1968 to February 1969, and the data reported apply to that period.

1.0 IMPAIRMENT

1.1 Definitions

Impairment has been defined* as "lacking part or all of a limb, or having a defective limb, organ or mechanism of the body".

Disablement is "the loss or reduction of functional ability".

Handicap is "the disadvantage or restriction of activity caused by disability".

A very large number of people have some mental, physical or sensory impairment. We have only to consider that half the population of Great Britain has to wear glasses, or that 94% have parted with at least one tooth, for this to be self-evident. However, not all impairments limit functional ability. A short-sighted man with effective glasses or contact lenses is just as able to see distant objects as a man with normal vision, and a person having to take tablets to correct a metabolic disorder is able to live a perfectly normal life, and these people would certainly not consider themselves as having a loss or reduction of functional ability, or to be at a disadvantage because of their impairments.

For the purpose of this study, the following definitions have been used:

Impairment is

- (i) lacking part or all of a limb or having a defective limb, or
- (ii) having a defective organ or mechanism of the body which stops or limits getting about, working or self-care.

We have said the short-sighted or diabetic person is impaired but not necessarily disabled, in that they are able to correct with aids or drugs. Similarly, a disabled person, that is someone who has a reduction of functional ability, may not find such a reduction places him at such a disadvantage as to render him handicapped.

Let us consider one or two cases.

A woman has had a finger amputated. Therefore she is impaired. In general she could function normally, so would not be disabled or handicapped. If, however, her job was such as to involve very fine finger movements or the use of all fingers, say a pianist, a typist, etc., she would have suffered a loss or reduction of functional ability and be at a disadvantage as far as occupation was concerned, and would be both disabled and handicapped.

A man has had a leg amputated. Therefore he is impaired, and, since he would have a reduction of his locomotive ability, he is disabled. If, however, he has a satisfactory prosthesis, a sedentary job, a car adjusted to hand controls and leisure activities which are not too active, he might well not be restricted in activity and therefore not handicapped.

* See discussion in introduction to "A set of tests for measuring motor impairment in prevalence studies", Margot Jefferys and others, *Journal of Chronic Diseases*, 1969, vol. 22.

Another man, with exactly the same disability, might find himself handicapped occupationally if his job involved climbing, or a lot of walking and standing, or handicapped socially if he felt self-conscious or embarrassed on holiday, or at parties, etc.

In general usage, disablement and handicap are often used interchangeably. The Department of Employment has a register for disabled persons, while local authorities keep a register for the substantially and permanently handicapped. A joint circular from four Government Departments to local Councils dated 17th August 1970 has the heading "The Chronically Sick and Disabled Persons Act 1970", and paragraph 1 refers, among other things to "... involvement in the health and welfare services of adult chronically sick and handicapped people living at home".

There is, too, a general tendency to equate the terms 'disabled' or 'handicapped' with the more severe and obvious conditions. Reference to 'the disabled' is more likely to conjure up a picture of someone in a wheelchair, a spastic, or someone 'crippled with arthritis' than someone with tuberculosis, or who is totally deaf, or a bronchitic.

It is because of this association of the term 'disablement', with the more severe conditions that we have used the less usual term 'impaired' in our tables, text and estimates, although the majority of those who are impaired suffer some loss or reduction in functional ability. It has been tempting, particularly in those parts of the report concerned with Employment, Housing and Housework, to use the term 'disabled' when we are referring to those who have an appreciable or severe loss of function which results in considerable handicap. We have yielded to this where the term 'disabled' seems more appropriate than either impaired or handicapped. For example, when considering the impaired housewife, where a woman is unable to carry out all or the major part of the normal duties of a housewife, we have described her as a disabled housewife. In general we have used the term 'impaired' to identify those 'lacking part or all of a limb, or who have a defective limb, organ or mechanism of the body', whether or not it causes handicap, and 'handicap' where the person is at a disadvantage due to the loss or reduction of functional ability.

1.2 Limitations of the sample

In this survey we have studied people aged 16 or over, living in private households,

- (i) who have a limb, or part of a limb missing, due either to a defect at birth, or subsequent accident,
- (ii) who are bedfast or housebound,
- (iii) who need a lot of help with using a w.c., personal toilet, dressing, etc.
- (iv) who have difficulty walking without help, kneeling, bending, or going up or down stairs,
- (v) who have difficulty washing, dressing or performing their toilet, feeding themselves, or gripping and holding things, or
- (vi) who suffer from some permanent disability (including blindness) which stops or limits their working, or getting about or taking care of themselves.

It follows, therefore, that while the total sample will reflect the incidence of locomotive impairment, whether this impairment is a handicap or not, it only

covers those who are handicapped due to mental or sensory impairments. A man who is totally deaf, or blind, or mentally impaired, would not be included unless he feels his impairment limits in some way his getting about, working, or taking care of himself, or he also has some physical impairment. The same conditions apply to disorders such as diabetes and epilepsy.

There are, in some cases, reasons for some impairments not being admitted, lest they become (even greater) handicaps. A man who holds a driving licence, and whose sight has deteriorated, may be reluctant to admit to this in case he loses his licence, or an epileptic, fearing that his condition might lead an employer to dispense with his services, may not be prepared to admit to his condition.

It should be remembered, then, that we are not trying in this survey to estimate the number of people with, say, diabetes, or the numbers who are deaf or blind, unless the condition is handicapping or associated with some physical limitation. It is likely that we will not be too far out as far as the elderly are concerned, as physical frailty increases with age, and that we will not have ignored permanent disability in those who are in, or would be part of, the labour force, where such impairment can be seen to limit their working opportunities.

1.3 Estimates of numbers of impaired people

There are just over three million people aged 16 or over living in private households who have some physical, mental or sensory impairment, about one and a quarter million men, and just over one and three-quarter million women.

As one would expect, many more elderly people are impaired than those in the younger age groups, as will be seen from Table 1.

TABLE 1

Estimated numbers of men and women in Great Britain, in different age groups, living in private households, who have some impairment

Age group	Estimated number in Great Britain*		
	Men	Women	Men and women
16-29	50,000	39,000	89,000
30-49	197,000	170,000	366,000
50-64	401,000	433,000	833,000
65-74	356,000	559,000	915,000
75 and over	243,000	625,000	867,000
All ages	1,247,000	1,825,000	3,071,000

* population estimates have been rounded as follows:

Estimates under 10,000 to nearest hundred.

Estimates over 10,000 to nearest thousand.

Method of estimation is shown in Appendix C.

About half the men who have some impairment are aged 65 or over, as are almost two-thirds of the women. This is mainly due to there being more women than men in the highest age groups, as will be seen in Table 2.

About one in 13 people aged 16 or over, living in private households has some

TABLE 2

Proportion per 1,000 of men and women in different age groups, in private households in Great Britain, with some impairment

Age group	Proportion per 1,000 with impairment		
	Men	Women	Men and women
16-29	10.0	7.9	8.9
30-49	30.2	25.6	27.9
50-64	85.6	84.6	85.0
65-74	211.4	227.1	220.7
75 and over	316.2	409.0	378.0
All ages	66.7	88.2	78.0

physical, mental or sensory impairment, the ratio for men being approximately one in 15, and women one in 11.

About one in a 100 men aged 16 to 29 and three in a 100 men aged 30 to 49 are impaired, the proportions for women being slightly lower in each of the two age groups. One in 12 men and women aged 50 to 64 has some impairment, the proportions rising to just over one in five men and women aged 65 to 74, and about one in three men, and two in five women aged 75 and over.

1.4 Area distribution of impaired people*

The estimated numbers of impaired persons aged 16 or over and living in private households in different areas of Great Britain is shown in Table 3.

TABLE 3

Estimated number of impaired men and women living in different areas of Great Britain

Area	Estimated number (in thousands) of impaired aged 16 and over		
	Men	Women	Men and women
Northern	77	122	199
Yorkshire and Humberside	135	177	312
North Western	166	252	418
East Midland	74	98	172
West Midland	119	152	271
East Anglia	39	55	94
South Eastern (excluding Greater London)	176	277	453
Greater London	166	277	443
South Western	101	157	258
England	1,054	1,565	2,620
Wales	82	96	176
Scotland	111	164	274
Great Britain	1,247	1,825	3,071

Since the populations of Wales, Scotland and the regions of England vary in size, it is to be expected that the actual numbers of impaired will vary accordingly.

* Throughout this report, area refers to the standard regions of England as defined in the Census 1966, Wales and Scotland.

If, however, the proportions of impaired per 1,000 of the population aged 16 and over are considered, it becomes apparent that there are considerable regional differences (Table 4).

TABLE 4
Estimated proportion of impaired men and women in the standard regions of England, and Wales and Scotland

Area	Proportion of impaired per 1,000 population aged 16 and over		
	Men	Women	Men and women
Northern	67.1	97.1	82.7
Yorkshire and Humberside	80.7	97.1	89.3
North Western	71.4	96.3	84.6
East Midland	62.2	77.7	70.2
West Midland	66.8	81.0	74.1
East Anglia	69.4	91.2	80.6
South Eastern (excluding Greater London)	55.2	77.6	67.0
Greater London	58.7	86.4	73.4
South Western	79.2	109.2	95.1
England	65.9	88.8	77.9
Wales	85.4	91.6	88.7
Scotland	63.1	81.5	72.9
Great Britain	66.7	88.2	78.0

The South Western region has a far higher proportion of impaired people than any other area, the next highest proportion being found in Yorkshire and Humberside, while the South Eastern region has a very much smaller proportion.

We have seen (Table 2) that the proportion of impaired people rises with age, so it is necessary to take into account the proportion of elderly people (65 and over) in the population when comparing the regions.

TABLE 5
Proportion of men and women aged 65 and over in the population aged 16 and over, in different regions

Area	% aged 65 and over		
	Men	Women	Men and women
Northern	13.2	18.1	15.7
Yorkshire and Humberside	12.9	19.1	16.1
North Western	12.8	19.6	16.4
East Midland	12.9	18.4	15.7
West Midland	11.1	16.8	14.0
East Anglia	15.0	20.7	17.9
South East (excluding Greater London)	14.3	20.9	17.7
Greater London	11.9	18.7	15.5
South Western	15.6	21.9	19.0
England	13.1	19.4	16.4
Wales	14.2	19.7	17.1
Scotland	12.7	18.0	15.5
Great Britain	13.1	19.3	16.3

The 1966 Census shows that, of the population aged 16 and over, the South West region has a far greater proportion of both men and women aged 65 and over than any other region (Table 5).

It may be then, that the high proportion of impaired in the South West, and the comparatively lower proportion in Scotland are partly due to the proportion of elderly in these areas, but clearly age distribution is by no means the only factor.

Yorkshire and Humberside, with average proportions of elderly men and women, has a very high proportion of impaired, particularly among the men, and this high proportion of impaired men is also to be found in Wales, in both these areas there being a high concentration of heavy industry.

The South East, too, suggests that age is not the main factor, as in this region there is the lowest proportion of impaired, with an above average proportion of elderly.

Possible reasons for this regional difference may occur when we consider the cause of impairment.

2.0 CAUSE OF IMPAIRMENT

All informants were asked what the doctor had said was the matter with them.* Some people replied they had not seen the doctor; most of these were elderly. In these cases, they were asked what they thought was the matter with

TABLE 6
Main cause of impairment†

Main cause of impairment†	Estimated numbers in Great Britain		
	Men	Women	Men and women
I Infective and parasitic diseases	17,000	12,000	30,000
II Neoplasms	13,000	15,000	27,000
III Allergic, endocrine, metabolic and nutritional diseases	16,000	35,000	51,000
IV Diseases of blood and blood-forming organs	4,100	24,000	28,000
V Mental, psycho-neurotic and personality disorders	38,000	60,000	98,000
VI Diseases of central nervous system	163,000	197,000	360,000
VII Diseases of circulatory system	199,000	292,000	492,000
VIII Diseases of respiratory system	179,000	104,000	284,000
IX Diseases of digestive system	35,000	47,000	82,000
X Diseases of genito-urinary system	9,200	26,000	35,000
XI Disorders of sense organs (including blindness)	92,000	186,000	277,000
XII Diseases of skin and cellular tissue	9,400	11,000	20,000
XIII Diseases of bones and organs of movement	351,000	836,000	1,187,000
XIV Congenital malformations	5,500	10,000	16,000
XV Injuries	73,000	41,000	114,000
Amputations	105,000	24,000	129,000
XVI Senility and ill-defined conditions	40,000	82,000	122,000

† Classified using the International Classification of Diseases, 1959. This Table uses main headings only. Table A I, Appendix A gives sub-headings.

* There were a few exceptions where, at the postal stage, the person reporting had named the disease or condition, but stated the patient was unaware of what was wrong with him.

them. Where two conditions were mentioned, informants were asked which was the main cause of their impairment, and in some cases the informants maintained that two conditions were equally incapacitating.

No attempt was made to check with doctors' records that the correct diagnosis was reported, and it must be remembered that a few of our informants will have had the nature of their condition withheld.

TABLE 7

Estimates of men and women in Great Britain with specific diseases of the central nervous, circulatory and respiratory systems, and diseases of bones and organs of movement

	Men	Women	Men and women
VI Diseases of the central nervous system			
1 Poliomyelitis	14,000	23,000	38,000
2 Cerebral haemorrhage, strokes	58,000	72,000	130,000
3 Multiple sclerosis	8,700	15,000	24,000
4 Paralysis agitans (Parkinsonism)	10,000	12,000	22,000
5 Cerebral palsy (spastic)	8,200	7,200	15,000
6 Paraplegia, hemiplegia	13,000	8,400	21,000
7 Epilepsy	11,000	10,000	21,000
8 Migraine	200	3,100	3,400
9 Dizziness, convulsions, vertigo	3,400	14,000	17,000
0 Sciatica	8,900	5,500	14,000
Y Head injury	7,700	3,600	12,000
X Other central nervous system diseases	19,000	23,000	42,000
VII Diseases of circulatory system			
1 Congenital heart disease	500	1,900	2,400
2 Rheumatic fever	1,200	6,000	7,200
3 Coronary disease	81,000	48,000	129,000
4 Arteriosclerotic diseases	25,000	27,000	53,000
5 High blood pressure, hypertension	12,000	45,000	57,000
6 Diseases of the arteries	12,000	14,000	26,000
7 Varicose veins	5,800	20,000	26,000
8 Heart trouble, unspecified	26,000	62,000	88,000
9 Other diseases of circulatory system	36,000	67,000	103,000
VIII Diseases of respiratory system			
1 Bronchitis	85,000	45,000	130,000
2 Emphysema	24,000	5,500	29,000
3 Asthma	24,000	31,000	55,000
4 Pneumoconiosis, silicosis	19,000	200	20,000
5 Other lung diseases and symptoms	27,000	22,000	50,000
XIII Diseases of bones and organs of movement			
1 Rheumatoid arthritis	31,000	104,000	135,000
2 Osteo-arthritis	38,000	103,000	140,000
3 Other arthritis, unspecified	130,000	465,000	595,000
4 Osteomyelitis	3,400	1,200	4,600
5 Slipped disc, lumbago	35,000	30,000	65,000
6 Muscular dystrophy	4,800	2,900	7,700
7 Fractures	46,000	45,000	92,000
8 Sprains, strains, dislocations, etc.	20,000	12,000	32,000
9 Other diseases of bones and organs of movement	42,000	73,000	115,000

Over one million people aged 16 or over living in private households say they have some disease of the bones or organs of movement, and nearly half a million a disease of the circulatory system. Some 360,000 men and women are impaired by a disease of the central nervous system, and 280,000 by a disease of the respiratory system, a similar number having a disorder of the ears or eyes (including blindness) which incapacitates them in some way.

It seems worthwhile to restate that while we are reasonably sure that the estimates for those with motor impairments are reliable, we have only included people with non-motor impairments where the person considers the impairment to be a disability, or, in some cases, are willing to admit to their condition. The estimates of, for example, the blind, deaf and diabetic may well be understated.

Table A I (Appendix A) gives estimates for separate conditions within the main groups, some of which are detailed in Table 7.

There are nearly 200,000 men and nearly 700,000 women with arthritis, by far the greatest single cause of impairment. Of the central nervous system diseases, cerebral haemorrhage (strokes) is the main condition suffered by men and women, although a higher proportion of men are paraplegics or hemiplegics than women.

In men, too, there is a higher prevalence of coronary disease, bronchitis, emphysema, pneumoconiosis and other lung diseases, this higher incidence being largely due to greater exposure to industrial conditions.

Women, on the other hand, have a higher prevalence (allowing for age) of migraine, high blood pressure, varicose veins and rheumatic fever.

3.0 IMPAIRMENT AND HANDICAP

All the estimates made so far have been of impairment, and, as has been said before, not all impairments are handicapping. Since this study is mainly concerned with provisions and conditions for those needing help and assistance it is necessary to distinguish between the degrees (or categories) of handicap.

Although there are many associations concerned with the welfare of the disabled and handicapped, there is no clear method which would enable us to identify the handicapped.

Many articles and television programmes on the disabled or handicapped are illustrated with examples of people who are totally incapacitated, or are badly crippled and confined to wheelchairs. Definitions used in recent research in the U.S.A. are based on ability to do a full-time job, or, for women, to do their own housework, and there are other definitions based on the presence of a specific disease, a defective or absent limb or some impaired mechanism of the body.

When this study was being planned, a method of measuring motor ability was being developed and studied, under the direction of Professor Jefferys of Bedford College, and it was agreed that the tests involved in this study be incorporated in this enquiry, with a view to using the scores from these tests to classify respondents on a scale ranging from 'almost total incapacity' to 'impaired, but not handicapped'.

The Bedford College study, and the tests involved, are described below.

3.1 The Bedford College Study

The Bedford College Unit, in their study, defined disability as substantial limitation in the capacity to move upper and lower limbs and the trunk. One of

the advantages of their defining it in this way was that the extent of an individual's limitation could be measured objectively by the performance of certain very simple tests. These tests, they asserted, could be carried out by social survey interviewers in ordinary home conditions and were therefore suitable for use in a social survey.

The tests

The Bedford College tests developed from the work of Dr. Douglas Carroll of the Department of Physical Medicine and Rehabilitation, Baltimore City Hospital. He constructed standardized tests for measuring upper limb movements and tried them out on disabled people attending a medical rehabilitation centre. Although Carroll's tests were a useful starting point, they were not designed for use in the home or in a national survey.

The Bedford tests were devised on the advice of Dr. J. B. Millard, Director of the Passmore-Edwards Medical Rehabilitation Centre at Clacton-on-Sea, and Dr. M. D. Warren, Reader in Social Medicine at the London School of Hygiene and Tropical Medicine, in consultation with Mrs. Margot Jefferys, Professor of Medical Sociology, Bedford College. Dr. D. J. Feldman, Director of the Division of Medical Rehabilitation, Stanford University, California, who was a visiting fellow at the London School of Hygiene and Tropical Medicine, also assisted.

The tests were developed by Mrs. Mavis Hyman, Assistant Research Officer, Bedford College, with the co-operation of physiotherapists and occupational therapists in a number of settings, such as the Passmore-Edwards Medical Rehabilitation Centre, Clacton-on-Sea; Mount Vernon Hospital, Department of Physical Medicine, Northwood, Middlesex; King's College Hospital, Department of Physical Medicine, London; Royal Free Hospital, Department of Physical Medicine, London; and the Camden Social Rehabilitation Centre, London. Trial runs by the Bedford unit indicated the reliability of the tests. In other words, they showed that handicapped people had very similar scores when they did the tests in the home or in the hospital, and when they did them for different testers.

Broadly speaking the movements tested are those necessary for the minimum activities involved in independent daily living, that is bathing, dressing, feeding, going to the W.C., getting in and out of bed—in other words, personal care. An individual who is unable to perform these basic movements or performs them very slowly and with great difficulty or in a most unusual manner is likely to be severely handicapped in activities of daily living unless he receives help from people or objects (including artificial limbs, calipers, etc.).

The Department of Health and Social Security asked that the Government Social Survey and Bedford College collaborate in using these tests as part of this study of handicap. There proved, however, to be some objections as far as Government Social Survey interviewers were concerned.

(a) Equipment

It was essential that every person be tested with standardized equipment. Bedford College had designed for them a plastic case, 16 in × 17 in × 5 in high, which could form a platform to test whether informants could mount a step. These cases had to be specially made, at an estimated cost of £10 each. The weight of the case with the test equipment was approximately 16 pounds.

Government Social Survey interviewers are not supplied with cars, and

although some of them use private transport, about half the interviewers use public transport, which necessitates quite a lot of walking. To carry 16 pounds in addition to their interviewing schedules, instructions, and other official papers, as well as their handbags, would not be practical.

We were also worried as to the effect on response of an interviewer arriving with what might look like a case of 'samples'. We are all aware that some firms use a market research gambit to get into a house, and having found out whether the informant has a certain article, or children of school age, or whatever it is that concerns them, then proceed to sell their product.

(b) *Administration of tests*

Most of the preliminary work connected with developing the tests was carried out at centres for the handicapped where there were trained medical or professional people qualified to deal with handicapped people present, who knew what the handicapped could be asked to do, and were on hand if any stumbled or became distressed. Special interviewers, trained by Mrs. Hyman, did carry out the tests, using the equipment they had designed, in private households, and reported no difficulties.

Government Social Survey interviewers, however, expressed some fears about the administration of the tests. They were worried that some of the actions might provoke a seizure or exasperate a condition, and despite the repeated reassurances from Dr. Warren that this was virtually impossible, they were unreasonably not convinced. Their objections centred around two of the items; one was the lifting of weights, and the second was the 'step'. The latter seemed to sag a little at weights of 13 stones, and they were afraid this might cause a person who had difficulty with balance to stumble, and perhaps fall. They argued that if this happened when they were alone with the informant, they would not be able, on their own, to lift him.

There was another point which had to be considered. Some people with chronic conditions tend to have good days and bad days, and some of these good or bad days will coincidentally follow a visit by an interviewer. It is very important, both from the point of view of our interviewers' morale, and of public confidence in survey methods, that there be no excuse for questions of suffering caused by an interview, however ill-founded these questions might be.

After discussions with Professor Jefferys, it was accepted that the special 'case' be abandoned, and the assessment of ability to mount a step be observed on a step or stair in the home, where this was available.

(c) *Co-operation with and completion of tests*

Test scores could be incomplete for the reasons given below.

- (i) The tests could not be administered, as the informant was too handicapped or was not able to understand what was required, or a relative thought the tests would upset or distress the informant.
- (ii) The informant refused to take part in the tests, as he thought them 'silly' in relation to his (minor?) impairment.
- (iii) Particular items of the test were not attempted or scored, for reasons (i) or (ii).

Observation could be incomplete where

- (i) the informant stated he was not able to perform one or more items in the test, or

- (ii) it was obvious from a previous item that the succeeding item could not be performed—for example if a man could not lift 1½ lbs. shoulder high or walk 2 steps, he would not be able to lift 5 lbs., or walk 12 steps.

On the whole the tests were well received, less than 1% totally rejecting the tests on the grounds that they were 'silly'. Many of the informants seemed to welcome the opportunity of showing what they could do, and a few were equally pleased to demonstrate their incapacity. It is perhaps not surprising that interviewers remarked that the more severely handicapped made tremendous efforts to complete actions which were almost impossible, and practically refused to give up, even when it was quite apparent that they were not going to succeed.

The results of the completion rate for the tests are summarized in the table below.

Completion rate of Bedford tests*

All items refused, or stated to be impossible	% 5.6
Some items refused, or stated to be impossible, or not scored for other reasons	11.0
All items scored, but at least one item not observed	24.7
All items scored and observed	58.7
No. on which % based	12,738

* excludes mounting step, which was not regarded by Bedford College as being sufficiently objective

(d) *Interpretation of the Bedford tests*

It is quite clear that a great deal of work will have to be done by Professor Jefferys and her group, before the test scores can be used to classify the degree of handicap, and we will be working closely with this group while the work is in progress. In any event, these results will only apply to physical handicap, and apart from the exclusion of some with mental or sensory impairment there are other aspects which have to be considered when trying to assess handicap.†

3.2. Other aspects of impairment as a handicap

Given that two people have exactly the same impairment, one might adapt reasonably quickly, and regard himself as being only slightly handicapped, while the other makes no attempt to overcome any disability, and might therefore be severely handicapped. The ability to adapt may be related to personality, intelligence, or education, or to the encouragement received. This encouragement could be negative as well as positive, in that some relatives are over-protective, so that the impaired person is never allowed to try to cope with his problems.

There is also an environmental factor which has to be taken into account. A housewife in a wheelchair, living in a ground floor one-level flat, with doors wide enough to allow egress, whose kitchen has been adapted so that she can reach cooker, sink and working surfaces, with ramps to the garden, may well be able to carry out her household duties efficiently, as compared with a similarly impaired housewife who cannot manoeuvre her chair around split-level housing,

† The Bedford team were well aware of these aspects, and one of the purposes of their interest in this inquiry is to test the relationship between, (I oversimplify), what a person might be expected to do, and how much more or less, they actually do.

or where the kitchen is so small there is not room to open cooker or cupboard doors while in a chair.

Another factor is endurance. While it may be possible for a handicapped person to perform an action once, or to repeat it for a very short time, it may well be that he cannot sustain the effort.

Further work is being planned by the Bedford Group and the Social Survey both independently and jointly, to relate physical impairment and handicap, but it is clear that for immediate purposes some more functional classification of handicap will have to be used.

3.3 Government Social Survey classification

One of the main purposes of this inquiry was to estimate the number of people who might qualify for an attendance allowance. It was essential, therefore, that at one end of the scale we identify those who are so severely handicapped as to need someone to supply most of their wants. This could only be done by considering impaired people's ability to look after themselves as far as their basic needs were concerned.

Since the extent of handicap is a continuum, and the primary purpose of the inquiry was to examine the extent to which the various health and welfare services are helping to support handicapped people, it was decided to devise a special index of degree of handicap based on ability for self-care. We will, of course, be considering the effect impairment has on occupation, housework and leisure.

Appendix D gives full details of the basis of classification into degrees of handicap, which may be summarized as follows.

3.3.1 *Very severely handicapped (needing special care)*

A respondent was deemed to need special care if his condition was such as to make him dependent on someone else for the performance of living activities which occur more than once a day.

This group automatically included

- (a) those so mentally impaired or senile as to be unable to understand the questions or give rational answers,
- (b) the permanently bedfast, and
- (c) those confined to a chair, being unable to get in and out of the chair without the aid of some person.

In addition, anyone who cannot feed himself, or needs someone to help enable him to defecate or urinate (using the W.C.), is regarded as needing special care, as is someone who cannot perform unaided any two of the three functions of getting in and out of bed, washing hands and face, and dressing.

A few 'special' cases were included in this group who, while not meeting the above criteria, were considered to need special care, namely where the informant was doubly incontinent regularly, or could not be left alone 'for fear of falling in the fire', 'turning on the gas taps' or some similar reason.

In order to identify this special group, every single questionnaire was scrutinized by the research staff, a very heavy task, but one which was felt to be necessary in view of the importance of this group.

The special care category was subdivided into three categories, the basis of subdivision being specified by the Department of Health and Social Security. Details of this division are given in Appendix D.

3.3.2 Those not needing special care

The various items of self-care were graded into major and minor, according to whether the item was likely to need immediate help (such as using the W.C.) or whether a delay would not be disastrous (combing hair, shaving), and each item was scored as to whether the informant could carry out the necessary actions without difficulty, on his own but with difficulty, or needed someone to help.

The total scores indicated the category (see Appendix D).

3.3.3 Summary of categories and examples of cases in each category

The categories are not discrete, but are at different levels of a continuum. There is little difference between the top of one category and the bottom of the one above but, on the whole,

- Category 1 contains people who need help going to or using the W.C. practically every night. In addition, most of those in this group need to be fed and dressed or, if they can feed and/or dress themselves, they need a lot of help during the day with washing and W.C., or are incontinent.
- Category 2 contains people who need help with the W.C. during the night but not quite so much help with feeding, washing, dressing, or, while not needing night-time help with the W.C. need a great deal of day-time help with feeding and/or washing and the W.C.
- Category 3 contains those who are permanently bedfast or confined to a chair and need help to get in and out, or are senile or mentally impaired, or are not able to care for themselves as far as normal everyday functions are concerned, but who do not need as much help as categories 1 and 2.
- Category 4 contains people who either have difficulty doing everything, or find most things difficult and some impossible.
- Category 5 contains people who find most things difficult, or three or four items difficult and some impossible.
- Category 6 contains people who can do a fair amount for themselves but have difficulty with some items, or have to have help with one or two minor items.
- Category 7 contains people who can do everything themselves, but have difficulty with one or two items.
- Category 8a contains people to whom physical impairment presents no difficulty in taking care of themselves, but whose main impairment is mental, endocrinal, sensory, etc.
- Category 8b contains people to whom impairment presents no difficulty in taking care of themselves.

Some examples of actual informants included in the various categories are given below:

Categories 1 and 2

Man, aged 30, with cerebral paralysis of left side due to birth injury to brain. Lives with parents, who have to do everything for him, as he cannot feed himself, or drink without help, go to the W.C., or wash himself. He is bedfast, and cannot speak—only being able to communicate with signs.

Woman, aged 79, living with 80 year old husband. She has had Parkinson's disease for 10 years, and is housebound, because although she has a wheelchair, she has to be helped in and out of it, and pushed around, which her husband cannot manage. She has to be fed, but can manage to drink on her own once a drink is brought to her. Similarly she can wash her hands and face if water is brought to her, but her husband has to give her a body wash twice a week. She can use a commode if she is helped on and off.

Category 3

A bachelor, aged 62, who contracted polio when he was 30. He lives alone, but employs a man who comes in every morning to get him out of bed, bathes and dresses him, and carries him to his wheelchair. He can eat and drink on his own, but has to be helped in and out of his chair and car, and needs help to get to a W.C. Despite this, he does a full-time job at a university, and complains that his research activity is limited by his having to be put to bed too early when his attendant goes off duty.

Woman, aged 66, living with her 61 year old husband, who works full-time; she has had arthritis for 28 years. She needs help to get in and out of her chair. She can eat and drink herself, provided the food does not need cutting. There is no W.C. but even if there were she could not get to it without help.

Man, aged 58, paralysed legs and bowels, a multiple sclerotic. Is housebound, but can get about the house in a wheelchair. Cannot cut up his food, but can feed himself, although he has to have help with drinking, and needs help washing. Has an outside W.C., which he cannot get to unless he has help, so uses a bedpan and bottle.

Category 4

A housebound woman, aged 74, suffering from hemiplegia, who cannot use her right hand at all. Lives with her married daughter, son-in-law and grandson. Is housebound, has a wheelchair, and can make limited progress around the house with the use of a walking frame. Daughter has to wash and dress her, and cut up her food, which she can then eat with spoon or fork, using her left hand.

A blind widow of 86, living with her widowed daughter, who is herself 60 years old. She is unsteady on her feet, and never goes out, although she manages to get about the house. She can wash her own hands and face and manage most other items of self-care with some difficulty, but her daughter has to help her to dress herself, do up buttons, etc., and give her a body-wash.

Category 5

A woman of 49, separated from her husband, living with her three unmarried children, aged between 14 and 23. Has polio, which has paralysed her right side. Can manage to take care of herself on own, but has difficulty getting in and out of bed, using the W.C., having an all-over wash, and

dressing. Does own cooking and housework with difficulty, and daughter takes her out shopping.

Married man of 46, who has blackouts and limited use of right side of body due to brain damage. Cannot do up buttons and zips, and has difficulty washing, dressing and shaving, but can manage on own. He has had to give up work.

Married man of 58, right hand affected by a stroke. Has to be helped with putting on shoes and socks, and having a bath, and finds dressing, shaving, etc., difficult. He can feed himself and use the W.C. without difficulty, and is working full-time as a cost clerk.

Category 6

A married man of 64 with rheumatoid arthritis. Has difficulty getting in and out of bed, using W.C. and bathing, but manages on own. Otherwise he has no difficulty, except with putting on shoes and socks, which he has to have done for him. He gets around in his wheelchair, and is able to get in and out of his chair without help. He retired from work aged 63.

A woman aged 41 with arthritis, who can only go out with difficulty. Cannot bath or give herself an all-over wash, dress herself or comb her hair. Cannot do housework because of disability.

Category 7

Married woman of 58 with angina. Has difficulty bending and stretching to put on shoes, and dressing. Otherwise has no difficulty in taking care of herself or getting out and about. Does most of own cooking, shopping and housework, but has difficulty lifting and pushing.

Married man of 48, torn ligaments and broken cartilage in left leg. Has difficulty walking and getting into bed.

Married man of 71, suffering from hardened arteries and obesity. Has difficulty putting on shoes and socks, and washing below the belt.

Categories 8a and 8b

These are people who either state they have no difficulty in performing any of the specified items of self-care, or who did all the tests without any difficulty whatsoever, or any compensatory movements, and who were therefore assumed to be able to take care of themselves.*

4.0 ESTIMATES OF NUMBERS IN EACH OF THE CATEGORIES

The numbers of respondents in categories 1 and 2 separately are too small to allow for separate analysis and, since both these groups needed almost constant care, they have been treated as a combined group. Even with this combination, the numbers are very small and the estimates must be treated with some reserve (Table 8).

There are some 25,000 men and women so severely handicapped as to need constant care or supervision every day and practically every night, and a further 133,000 needing constant day care. This means there are 45,000 men and 113,000 women who need special care.

* This latter decision was taken after the pilot stage, where interviewers felt that the rest of the interview was in jeopardy when an impaired person, who had demonstrated he had no difficulty, was then asked what were taken to be 'silly' questions.

TABLE 8

Estimated numbers and cumulative frequencies of men and women in Great Britain with varying degrees of handicap

Degree of handicap	Estimated number in Great Britain*					
	Men		Women		Men and women	
	Number	Cum. f	Number	Cum. f	Number	Cum. f
Very severe						
1 + 2	5,000	5,000†	20,000	20,000†	24,000	24,000
3	40,000	45,000	93,000	113,000	133,000	157,000
Severe						
4	30,000	75,000	72,000	185,000	103,000	260,000
5	70,000	145,000	182,000	367,000	254,000	512,000
Appreciable						
6	220,000	365,000	396,000	763,000	616,000	1,128,000
Minor/no						
7	281,000	646,000	398,000	1,161,000	680,000	1,807,000
8a non-motor	366,000	1,012,000	373,000	1,534,000	737,000	2,546,000
8b motor	234,000	1,247,000	291,000	1,825,000	525,000	3,071,000

* Estimates rounded to nearest thousand. Cumulative frequencies differ from sum of numbers due to correction for rounding.

† It should be remembered that inclusion in categories 1 or 2 depends on needing help with commode, chamber, or bedpan, but excludes bed bottle. (Appendix D.) This may account in part (but by no means wholly) for the preponderance of women in these two categories.

Including those needing special care a total of just over half a million people, nearly three-quarters of them women, are very severely or severely handicapped.

In addition, there are some 200,000 men and 400,000 women who are handicapped, in that while they can do a fair amount for themselves, they may need help with minor items, or, if they do not actually need someone to help them, find it difficult or cumbersome to do things themselves.

The rest of the three million impaired have disabilities, which do not materially effect their capacity to take care of themselves.

There is, as has been stated before, no clear line between the categories, and when one reads or talks about 'the disabled' or 'the handicapped', it is difficult to know what condition is being described. Some champions of the cause of the handicapped will doubtless use the total of three million as the number of handicapped, and give 'typical' examples of the almost helpless to illustrate their plight. It may be that others will try to minimize the number of handicapped, by considering only those who need constant attendance.

It may, therefore, since these basic numbers are so important, be worthwhile summarizing them again as follows:

Very severely handicapped, needing special care	157,000
Severely handicapped, needing considerable support	356,000
Appreciably handicapped, needing some support	616,000
Impaired, but needing little or no support for normal everyday living activities	1,942,000

4.1 Estimates of numbers in different age groups with different degrees of handicap

It has been shown that nearly 60% of the impaired are elderly, and it might be expected that the elderly are more likely to be very severely handicapped than younger people. In actual numbers there are more severely handicapped people

aged 65 and over, but a slightly higher proportion of those impaired aged 16 to 29 are very severely handicapped than in subsequent age groups to 74 years, as will be seen from Table 9. (A more detailed table, showing separate degrees of handicap for men and women separately for each age group is given in Appendix A, Table A II.)

TABLE 9
Degree of handicap of impaired people in different age groups, and estimated numbers in Great Britain
Estimate in thousands

Age group	Degree of handicap						No. on which % based 1-8		
	Very severe 1-3		Severe 4-5		Appreciable 6			Minor/no 7-8	
	%	Est.	%	Est.	%	Est.		%	Est.
16-29	5.5		4.7		11.6		78.2		344
30-49	3.4	5	8.2	4	15.0	11	73.4	70	1,418
50-64	3.2	12	11.3	30	19.4	55	66.1	269	3,294
65-74		26		94		162		552	3,679
75 and over	4.0	35	11.1	102	23.2	213	61.7	566	3,527
	9.4	80	14.4	125	20.2	176	56.0	486	
All ages	5.3		11.6		20.0		63.1		12,262
Total estimate		157		356		616		1,942	3,071

Of the estimated 157,000 very severely handicapped, some 26,000 men and nearly 90,000 women are aged 65 or over, about two-thirds of them being at least 75 years old.

About 3,000 men and 2,000 women who are under 30 years old are very severely handicapped. The estimated numbers of men and women who are very severely, severely, or appreciably handicapped in various age groups are summarized below (Table 10).

TABLE 10
Estimated numbers of men and women in Great Britain of different ages who are very severely, severely or appreciably handicapped

Age group	Estimated numbers in Great Britain who are very severely, severely or appreciably handicapped		
	Men	Women	Men and women
16-29	10,000	9,000	19,000
30-49	45,000	52,000	97,000
50-64	109,000	172,000	281,000
65-74	111,000	238,000	349,000
75 and over	89,000	292,000	381,000
All age groups*	365,000	763,000	1,128,000

* totals may differ from sum of columns due to rounding

4.2 Estimated numbers of handicapped in different areas of Great Britain

The estimated numbers of impaired people with different degrees of handicap in Scotland, Wales, and the standard regions of England are shown in Table 11. (See Table A V (a) and (b), Appendix A, for more detailed analysis.)

TABLE 11

Estimated numbers of impaired persons in different areas of Great Britain with varying degrees of handicap*

Area	Degree of handicap				All impaired 1-8
	Very severe 1-3	Severe 4-5	Appreci- able 6	Minor/no 7-8	
Northern	10,000	24,000	44,000	121,000	199,000
Yorkshire and Humberside	13,000	34,000	65,000	199,000	312,000
North Western	20,000	48,000	78,000	272,000	418,000
East Midland	10,000	21,000	31,000	110,000	172,000
West Midland	13,000	30,000	58,000	170,000	271,000
East Anglia	4,000	11,000	16,000	63,000	94,000
South Eastern (excluding Greater London)	24,000	56,000	87,000	287,000	453,000
Greater London	19,000	44,000	95,000	285,000	443,000
South Western	15,000	36,000	59,000	149,000	258,000
England	127,000	305,000	533,000	1,654,000	2,620,000
Wales	14,000	17,000	27,000	120,000	178,000
Scotland	16,000	35,000	57,000	167,000	274,000
Great Britain	157,000	357,000	616,000	1,942,000	3,071,000

* Estimates to nearest 1,000. Discrepancies in totals due to correction for rounding.

The proportion per thousand of men and women who are very severely, severely or appreciably handicapped is shown in Table 12.

TABLE 12

Proportion per 1,000 of men and women in each area who are very severely, severely or appreciably handicapped

Area	Proportion per 1,000 very severely, severely or appreciably handicapped		
	Men	Women	Men and women
Northern	22.1	41.7	32.3
Yorkshire and Humberside	24.3	39.1	32.0
North Western	19.3	38.0	29.2
East Midland	16.6	33.9	25.5
West Midland	17.7	36.9	27.5
East Anglia	13.2	40.4	27.2
South Eastern (excluding Greater London)	15.8	32.6	24.7
Greater London	17.0	34.2	26.1
South Western	30.4	48.7	40.1
England	19.2	37.2	28.6
Wales	24.9	31.8	28.5
Scotland	19.7	36.9	28.8
Great Britain	19.5	36.9	28.6

Comparing this table with Table 4, which shows the proportion of impaired men and women, it will be seen that the South West region not only has a very

high proportion of impaired men and women, but it also has the highest proportion of handicapped (categories 1-6). As far as women are concerned, the evidence shows that this is mainly due to the high proportion of elderly impaired and handicapped. Wales, the Northern and Yorkshire and Humberside regions have a higher than average proportion of more handicapped men, possibly a reflection of industrial accidents and illnesses, while East Anglia, the South Eastern, East Midland and Greater London areas have the lowest proportion of the more handicapped men.

5.0 CONDITIONS CAUSING MOST HANDICAP

Not all diseases are equally handicapping. About two-thirds of those with multiple sclerosis are very severely or severely handicapped, and 13% appreciably handicapped, while 70% of those who have had a cerebral haemorrhage or suffer from paralysis agitans (Parkinson's disease) are very severely, severely or appreciably handicapped. On the other hand, only 8% of those with sciatica are handicapped, none very severely, 2% severely and just over 6% appreciably. Details of the degree of handicap associated with different diseases are given in Appendix A, Table A VI. Illnesses and conditions with the highest proportion of very severely or severely handicapped people are listed below:

<i>Condition</i>	<i>Proportion suffering who are</i>	
	<i>Very severely/ severely handicapped</i>	<i>Appreciably handicapped</i>
Multiple sclerosis	65	13
Parkinson's disease (paralysis agitans)	52	19
Strokes (cerebral haemorrhage)	52	19
Paraplegia/hemiplegia	34	22
Spastic (cerebral palsy)	24	21
Arthritis	20	28

The diseases or conditions least likely to handicap people as far as self-care is concerned are:

<i>Condition</i>	<i>Proportion suffering who are</i>	
	<i>Very severely/ severely handicapped</i>	<i>Appreciably handicapped</i>
Sciatica	2	6
Skin and cellular tissue diseases	6	9
Epilepsy	10	8

Although people suffering from multiple sclerosis, Parkinson's disease, or who have had strokes are likely to be very severely or severely handicapped rather than merely impaired, the total numbers of handicapped suffering from such incapacitating diseases are relatively small so that we have the seeming paradox that the disease responsible for severely handicapping most impaired people is arthritis. Details of the proportion of men and women suffering from specific diseases in each category of handicap are given in Appendix A, Table A IV, to which the following comments refer.

Of those who are very severely handicapped, half the men and over a third of the women have some disease of the central nervous system, the most common single cause of very severe handicap being cerebral haemorrhage.

Of the severely handicapped the biggest single disease is arthritis (40%), with cerebral haemorrhage the next most common single cause (10%).

Forty per cent of those appreciably handicapped suffer from arthritis, and a further 11% have some other disease of the bones or organs of movement, the proportions of women in this group with arthritis being considerably higher than for men (50% for women compared with 24% for men). However, while nearly 12% of men who are appreciably handicapped have a disease of the respiratory system, only 3% of women appreciably handicapped have such a disease.

5.1 Conditions causing most handicap for people in different age groups

(a) *The elderly (65 and over)*

About 40% of the elderly (aged 65 or over) impaired are handicapped by our definition, 6% being very severely handicapped, 12% severely handicapped and 21% appreciably handicapped.

Nearly 40% of all handicap as far as the elderly are concerned is due to arthritis, nearly 6% due to senility, and 7% due to blindness and other eye disorders. Nine per cent have had a cerebral haemorrhage.

(b) *Those aged 50 to 64*

Over one-quarter of those aged 50 to 64 who are handicapped suffer from arthritis, nearly one-tenth from cerebral haemorrhage, and nearly 15% from one of the other diseases of the central nervous system.

(c) *Those aged 16 to 49*

Only 10% of the handicapped are under 50 years old and 8% of these younger handicapped are multiple sclerotics, while 24% have arthritis.

6.0 A BRIEF LOOK AT WHO THE HANDICAPPED ARE (CATEGORIES 1-6)

Two-thirds of the people who are very severely, severely or appreciably handicapped are women. Under 2% of the handicapped are less than 30 years old, and only 8% are aged 30 to 49 years. Over a quarter of the handicapped are women aged 75 or over, and some 8% are men in this age group. Thus, just over a third of all the handicapped are 75 years or older, and just under a third are aged 65 to 74, and here again the proportion of women is twice as great as that for men.

6.1 Marital status

(Appendix A, Table A VII (a), shows the marital status for all categories of handicap for those under 65, and VII (b) for those aged 65 and over.)

Fifty per cent of those very severely, severely or appreciably handicapped are married, 39% widowed and 11% single. The reason for there being such a high proportion of widowed is due to the predominance of older people in the sample. If we consider the over 64s, 70% of the men are married, 3% single and 27% widowed. This is very similar to the proportions of men in the general population* in this age stratum, except that there is a slightly lower proportion of handicapped men who have never married.

As far as the older handicapped women are concerned, some 27% are married, 63% widowed and 10% single. Here again, there is a smaller proportion of elderly handicapped who never married than for all women in this age stratum.

* Sample Census, 1966.

One cannot draw any conclusion from these data, or for those of the younger age groups (Appendix A VII (a)), as to the effect of handicap on marriage prospects. As far as the elderly are concerned, most of them acquired their disability well after the time they would normally be in the marriage stakes, and the fact that we have a slightly lower proportion of unmarried middle-aged and elderly living in private households may be due to single people who are appreciably handicapped having to be cared for in institutions as there is no one to look after them.

6.2 Working status

Excluding those who are retired and non-working housewives, 6% of the very severely handicapped are working, and a further 4% are earning less than £2 a week in an occupational centre or centre for the handicapped. Eighty-five per cent are permanently disabled and unable to work again, the other 5% being off sick temporarily or unemployed.

Of the severely handicapped over a half (55%) are prematurely retired and unable to work again, 10% are off sick temporarily and 30% are working.

Of those with appreciable handicap who are not retired or non-working housewives, nearly half are working in ordinary employment, with just over a third prematurely retired and unable to work again.

Work, education and qualifications of impaired people are fully discussed in Part II of this report.

6.3 Housewife*

Sixteen per cent of all impaired women are living in households where they would not be the housewife, usually elderly mothers who have gone to live with their children, or a few young women living with parents.

As one would expect, nearly one in three very severely handicapped live in households which already have a housewife, and of the rest, who would have had the status of housewife, only 3% are actually acting as the active housewife.

The proportion of active housewives rises as the degree of handicap lessens, but, even if one excludes those so handicapped as to need special care, four out of every 10 women who are severely or appreciably handicapped are not able to fulfil their expected role as a housewife.

There is a special section (pages 63-89ff) dealing specifically with the disabled housewife and her problems.

6.4 Housing

The accommodation of handicapped people is no older or more modern than that of the general population of Great Britain. Some 5% of those very severely, severely or appreciably handicapped live in purpose-built accommodation for the elderly or handicapped, and some 10% in bungalows or one-storied dwellings, but the majority, some 60%, live in dwellings with stairs. Some 2% of this handicapped group live in sheltered accommodation, that is, in purpose-built flats with a warden attached.

A full discussion on housing is to be found in Part II of the report on this study.

* Housewife is defined, for the purpose of this survey, as the person other than a domestic servant, who does most of the household chores, or would do most of them if not prevented by disability. There are some male housewives.

6.5 State financial benefits

Over 80% of the very severely handicapped receive some state financial benefit, mostly retirement and/or supplementary pension, as will be seen from Table 13. About 40% of those very severely handicapped are receiving some financial help from supplementary benefit as are 37% of the severely handicapped, and 35% of those appreciably handicapped. This compares with nearly 29% of those with minor non-motor impairments and 20% of those with minor motor impairments receiving supplementary allowances or pensions from the Department of Health and Social Security.

TABLE 13
State benefits received by the impaired

State benefit	Degree of handicap					All impaired 1-8 %
	Very severe 1-3 %	Severe 4-5 %	Appreci- able 6 %	All handi- capped 1-6 %	Minor/no 7-8 %	
None	19	26	28	26	38	34
National Insurance retirement pension	56	54	51	53	43	46
Industrial disablement pension	1	3	3	3	2	3
War disability pension	2	2	2	2	3	2
Supplementary pension	30	30	28	29	20	23
Supplementary allowance	10	7	7	7	7	7
National Insurance widow's pension/allowance	6	5	5	5	4	5
War widow's or industrial pension	1	—	1	1	1	1
Family allowance	1	1	2	2	3	3
Sickness/industrial injury benefit	8	10	7	8	8	8
Unemployment benefit	—	1	1	1	1	1
No. on which % based	652	1,420	2,457	4,529	7,734	12,738*

* total includes 475 in categories 4 to 8 not redistributed

6.6 Household status

Forty-five per cent of those very severely, severely or appreciably handicapped have the status of head of household,† the proportion varying between categories of handicap as will be seen from Table 14.

6.7 Household composition

Just over one in five people who are very severely, severely or appreciably handicapped live alone, 44% live with one other person and 19% with two other people. Less than 4% live in really large households containing six or more people.

Most of the two-person households are married couples and the household composition of the households of those needing special care is, as one would expect, different from that of less handicapped people, as will be seen from Table 15.

† Head of household is defined as the person in whose name the tenancy of his dwelling is named, or the owner-occupier of unrented tenancies.

TABLE 14
Proportion in each category of handicap who are head of household

Degree of handicap	% Head of household
Very severe 1 + 2	32
3	40
Severe 4	54
5	55
Appreciable 6	61
All handicapped 1-6	56
Minor/no 7	61
8a non-motor	65
8b motor	62
All impaired 1-8	61

TABLE 15
Household composition of those in different categories of handicap*

Household composition	Degree of handicap						
	Very severe 1-3	Severe 4-5	Appreciable 6	All handicapped 1-6	Minor/no		
	%	%	%	%	7	8a non-motor	8b motor
					%	%	%
Living alone	5.2	23.7	23.6	21.0	23.6	19.9	20.2
Spouse only	29.3	32.2	31.8	31.6	33.7	35.0	31.2
Spouse and child(ren)							
Married child(ren)	3.4	1.4	1.4	1.7	1.8	1.2	2.0
Unmarried independent child(ren)	9.6	11.5	10.6	10.8	11.7	11.9	14.2
Unmarried dependent child(ren)	2.0	3.0	4.1	3.4	4.9	5.8	10.4
Spouse and others (not children)	1.5	2.0	2.2	2.1	2.0	1.8	1.9
Children (no spouse)							
Married child(ren)	24.0	11.7	8.5	11.7	6.6	6.4	3.4
Unmarried independent child(ren)	8.9	4.9	6.8	6.5	5.5	5.0	6.3
Unmarried dependent child(ren)	—	0.3	0.3	0.3	0.3	0.5	0.4
Parent	6.3	2.3	2.4	2.9	2.9	5.2	3.8
Sibling	5.4	2.9	5.3	4.5	4.6	3.6	2.8
Others	4.4	4.1	3.0	3.5	2.4	3.7	3.4
No. on which % based	652	1,420	2,457	4,529	2,707	2,935	2,092

* Household composition was classified using a priority code in the order tabulated. If, for example, the informant was living with married and unmarried children, they are included in 'married children' only. 'Dependent children' in this section are defined as all children aged under 15.

Apart from the people who are so severely handicapped as to need special care, there is surprisingly little difference in the household composition of those with varying degrees of handicap, and where there are small differences, such as the proportion of widowed people living with married children increasing with the severity of handicap, this is more likely to relate to the age factor than to degree of handicap as will be seen from Table 16.

TABLE 16
Household composition of the impaired (1-8) aged 16 to 64 compared with those aged 65 and over

Household composition	Impaired (1-8) aged		
	16-64 %	65 and over %	16 and over %
Living alone	9.4	29.5	21.0
Spouse only	32.3	33.2	32.7
Spouse and child(ren)			
Married child(ren)	1.8	1.5	1.6
Unmarried independent child(ren)	21.4	5.2	12.0
Unmarried dependent child(ren)	13.3	—	5.7
Spouse and others (<i>not</i> children)	2.4	1.6	1.9
Children (no spouse)			
Married child(ren)	1.3	12.5	7.8
Unmarried independent child(ren)	3.2	7.5	5.7
Unmarried dependent child(ren)	0.9	—	0.4
Parent	8.6	0.2	3.7
Sibling	3.4	4.5	4.1
Others	2.0	4.3	3.4
No. on which % based	5,345	7,393	12,738

Comparing the household composition of the impaired elderly with that of a national sample of the elderly* we find a higher proportion of impaired elderly people living alone, 29.5% compared with 22.0%, similar proportions living with spouse only or with married children and a smaller proportion of impaired elderly living with unmarried children (13% of the impaired compared with nearly 20% of elderly people in general). However, comparing with 1961 and 1966 Census summary tables of those of pensionable age living alone, we find that in 1961, 15.8% were living alone, while in 1966 20.6% of those of pensionable age are shown as living alone.

It would appear, therefore, that impaired elderly people are living in much the same kind of households as all elderly people.

7.0 MOBILITY

Three-quarters of the impaired can get out on their own, although slightly less than a third of those going out on their own can only do so with difficulty. A further 11% usually go out, but only if accompanied or taken out.

Just under 1% are bedfast and some 2% chairfast, half of whom need someone to help getting in and out of their chairs, the rest either having a mechanical aid, or being able to manage on their own.

The degree of mobility varies considerably with category of handicap, as one would expect (Table 17, over).

* Old People in Three Industrial Societies, Shanas, Townsend and associates. Data applicable to 1962.

TABLE 17
Mobility of those with different degrees of handicap

Mobility	Degree of handicap							All impaired 1-8 %
	Very severe 1-3 %	Severe		Appreci- able 6 %	Minor/no			
		4 %	5 %		7 %	8a non- motor %	8b motor %	
<i>Gets out</i>								
On own, no aids or difficulty	1	11	29	39	53	74	73	53.3
On own, with aids or difficulty	5	31	29	32	27	14	20	22.7
Only if accompanied	26	24	19	13	11	6	3	10.7
<i>Housebound</i>								
Gets about house (walking or in wheel-chair)	22	29	20	15	9	6	4	10.4
Chairfast:								
no help needed to get in/out	5	2	2	—	—	—	—	0.5
uses mechanical aid to get in/out	3	3	1	*	—	—	—	0.4
needs person to help in/out	20	—	*	—	—	—	—	1.1
Bedfast	18	—	—	—	—	—	—	0.9
No. on which % based†	652	410	1,010	2,453	2,705	2,926	2,091	12,730

* less than 0.5%

† numbers on which % based *exclude* no answers to mobility, or where it has not been possible to allocate between degrees 4-8

By definition, anyone who is bedfast is classified in categories 1-3, and the original data show that of those in categories 1 and 2, 40% are bedfast, 33% are chairfast, and 12% are housebound but can get around the house, either walking or in a self-propelled wheelchair. The other 14% can get out, but the majority need someone to take them out.

It may seem surprising that proportions of 9%, 6% and 4% of people who are, according to our criteria, suffering only minor handicap, or who have no physical handicap, are housebound. The data show, however, that for those in category 7 over three-quarters of the housebound are aged 65 or over (nearly 60% being aged 75 or over), for category 8a (non-motor) nearly 90% of the housebound are aged 65 or over (70% being aged 75 or more), and for category 8b (motor), 95% are aged 65 or over.

It would seem, therefore, that age is an additional factor to physical handicap in limiting the mobility of impaired persons.

7.1 Age and sex of those with limited mobility

(a) *Bedfast*

Three out of four bedfast people are women, and the majority of these are over 74 years old. Indeed, 85% of the bedfast are aged 65 or over, 10% aged 50 to 64, and 3% aged 30 to 49. Only 1% of the bedfast are aged under 30, and

here again, as with all other age groups, bedfast women outnumber bedfast men.

A few of the bedfast never leave their bed, and most of those that can get up need someone to help them. A small proportion can get out of bed using sticks, crutches or furniture as a support.

(b) *Chairfast* (excluding wheelchair users who can get about the house in their chairs)

As with the bedfast, this group is predominated by old women, over half the chairfast being women aged 75 or over, and nearly 20% elderly women aged 65 to 74. Nearly 20% are elderly or old men. Only 1% are aged under 30.

Less than 20% of the chairfast can get in and out of their chair on their own without using some aid, or having someone to help them. The chairfast usually depend on some other person to help them in and out of their chairs, but some 10% manage with an aid, usually by clinging to furniture as a support, or with the aid of sticks, crutches, tripods, etc. Some 2% have mechanical hoists. The original questionnaires show that of the 15 people with mechanical hoists, all of whom are in the severely handicapped category, one had the hoist paid for by his previous employer, two were supplied by the Red Cross (one paying 3s. a week hire fee, the other has it free), two bought the hoists themselves (one paying £70, the other £30), the rest being supplied free by the county authorities. In one case, one hoist serves two brothers aged 35 and 29, suffering from hypertrophic muscular dystrophy, who are cared for by their widowed mother.

(c) *Housebound* (excluding chairfast)

Two out of five housebound people are women aged 75 or over, and one in five is a woman aged 65 or over. Indeed, nearly 80% of the housebound are women, only 6% of housebound women being under 50 years old.

Only 2% of the housebound are men under 50 years old, most of these being aged 30 to 49. Some 16% of the housebound are men aged 65 or over.

(d) *Gets out only if accompanied*

Here again, women predominate. Three in five of those needing an escort to take them out are women aged 65 to 74, the majority being aged 75 or over. Most of the men who need an escort are aged 50 or over.

Ninety per cent of the very severely handicapped say they can generally get someone to go with them, or take them out, when they want to go out, as do 83% of the rest of the elderly and 80% of those under 65 who are not very severely handicapped. This may be due, of course, to the very severely handicapped and the elderly not making as many demands on the services of an escort as younger people.

Usually the escort is another member of the household, in about a third of cases the escort being a spouse. The elderly, of course, rely more heavily on their children, 30% being escorted by a spouse, 40% by a son or daughter and 13% by a sibling or other relative. Some 10% get friends or neighbours to accompany them. People under 65 depend more on a spouse (50%), a parent (14%) or a sibling (13%), than on children (11%), while the very severely handicapped are usually accompanied by their spouse (46%), or a child (28%), with some 15% relying on a parent or sibling.

Less than 4% of those needing an escort have someone connected with the health or welfare services, including voluntary organisations, ambulance drivers and home helps, mostly for the elderly.

7.2 Regional variation in proportion with limited mobility

Wales and Scotland have a higher proportion of impaired people with very severely restricted mobility, that is, people who are bedfast or chairfast, than England as a whole, and Greater London in particular (see Appendix A, Table A VIII), but a better measure of regional differences is given by considering the proportion per thousand population aged 16 and over who have limited mobility (Table 18).

TABLE 18

Proportion per 1,000 aged 16 and over in different areas who have limited mobility

Area	Proportion per 1,000 population aged 16 and over			
	House-bound, chairfast or bedfast	Can only get out if accompanied	Can get out on own with aid and/or difficulty	All with limited mobility
Northern	7.7	8.5	17.8	34.0
Yorkshire and Humberside	10.0	9.5	20.1	39.6
North Western	8.4	9.3	15.5	33.2
East Midland	11.2	4.6	18.8	34.6
West Midland	13.8	5.2	19.0	38.0
East Anglia	9.9	15.1	16.1	41.1
South Eastern (excluding Greater London)	8.7	8.1	17.8	34.6
Greater London	10.0	8.8	17.4	36.2
South Western	12.8	12.3	21.9	47.0
England	10.2	8.6	18.1	36.9
Wales	13.1	8.4	19.2	40.7
Scotland	10.5	6.3	12.9	29.7
Great Britain	10.3	8.3	17.7	36.3

Thus the South Western region has the highest proportion of people with limited mobility, with one in 80 not able to leave his house, one in 80 only able to go out if escorted, and one in 50 only getting out with difficulty or using an aid. East Anglia, too, has a high proportion with limited mobility, mainly due to the very high proportion who say they can only go out if someone takes them.

It may be that part of the explanation for this is that nearly half the population of East Anglia, and nearly 40% of the population of the South Western region, live in rural districts. This may mean that there are longer distances involved in getting to places, which would mean that those who need to use an aid, or find walking difficult, cannot sustain the effort and, associated with this, would be the additional effort needed on unpaved lanes, for example.

Whether one is housebound or able to get out if accompanied will also depend on the availability of an escort.

7.3 Mobility of impaired living alone

Some limitation of mobility is obviously more important to those living alone than it would be to others where there is a more mobile member of the household.

There are very few people in categories 1 to 3 who live alone, about one in 20, almost all of them being elderly women. Over half of these people are housebound, or can only get out with an escort, but can manage to get around the house on their own. There is, however, a small number of people in these categories (1.8%) who live alone, but are bedfast or chairfast and need help getting in and out of their chair.

All persons living alone in categories 4 to 8 can at least get around the house on their own, but there are still sizeable minorities of people who are severely or appreciably handicapped who live alone and who are housebound, or who can only go out if there is someone to help them (Table 19).

TABLE 19

Proportion of people with different degrees of mobility and handicap who are also living alone

Mobility of those living alone	Degree of handicap							All impaired living alone 1-8 %
	Very severe 1-3 %	Severe 4 % 5 %		Appreciable 6 %	Minor/no			
		7 %	8a non-motor %		8b motor %			
<i>Living alone and</i>								
Gets out, no aids or difficulty	—	1.2	4.6	9.6	11.4	12.7	13.3	10.1
Gets out with aids or difficulty	—	7.6	9.1	8.0	8.9	4.8	5.5	6.6
Gets out if accompanied	0.7	6.6	3.4	2.6	1.3	1.2	0.1	1.6
Housebound, gets about house	2.2	9.0	6.3	3.4	2.0	1.2	1.3	2.6
Chairfast, bedfast	2.3	—	—	—	—	—	—	0.1
All living alone	5.2	24.4	23.4	23.6	23.6	19.9	20.2	21.0
No. on which % based	652	410	1,010	2,457	2,707	2,935	2,092	12,263

TABLE 20

Estimates of the number of handicapped men and women (categories 1 to 6) in different age groups in Great Britain living alone

Sex and age	Degree of handicap			All handicapped 1-6
	Very severe	Severe	Appreciable	
Men aged				
30-49*	—	200	1,400	1,700
50-64	†	1,400	4,100	5,500
75-74	—	—	10,000	10,000
75 and over	†	2,900	8,900	12,000
All men	200	4,600	25,000	30,000
Women aged				
30-49	—	200	1,700	1,900
50-64	700	8,400	16,000	25,000
65-74	2,700	23,000	52,000	77,000
75 and over	4,600	47,000	50,000	102,000
All women	8,000	79,000	120,000	206,000

* includes approximately 200 under 30

† less than 100

It can be estimated that in Great Britain there are some 8,000 people who are very severely handicapped and living alone, almost all of whom are elderly women, mostly women aged 75 or older, as can be seen from Table 20.

7.4 Walking aids (including wheelchairs)

One in three impaired people has some aid to help him get about and, as would be expected, this proportion varies from just over 60% of those who are very severely or severely handicapped, to nearly 50% of those appreciably handicapped and to 10% of those whose main complaint is not locomotive. In this latter group, however, the walking aid used is usually a walking stick, although a few have built-up shoes (one inch or over), and less than three in 1,000 say they have a wheelchair or a walking frame.

The type of walking aid possessed by people with different degrees of handicap is shown in Table 21.

TABLE 21
Proportion of those with varying degrees of handicap having various walking aids

Type of walking aid	Degree of handicap						
	Very severe 1-3 %	Severe 4-5 %	Appre- ciable 6 %	All handi- capped 1-6 %	Minor/no		
					7 %	8a non- motor %	8b motor %
No aid: (including bed- fast)	46	44	57	51	70	91	79
One walking stick	15	41	31	32	24	9	16
Two walking sticks	5	7	7	7	3	*	2
Walking frame/tripod	15	7	2	5	1	*	*
Wheelchair	33	7	4	19	2	*	1
Elbow crutch(es)	3	4	3	3	1	—	*
Shoulder crutch(es)	1	1	1	1	1	—	1
Calipers, built-up shoes	5	3	2	3	2	*	2
Other aids	1	2	1	1	1	—	1
No. of which % based†	652	1,420	2,457	4,529	2,707	2,935	2,092

* less than 0.5%.

† percentages add to more than 100 as some people have more than one type of aid.

Other walking aids consist mainly of surgical boots or shoes, tea-trolleys, chairs and stools on castors, trolley baskets and children's perambulators. Some women comment that they use trolleys and adapted chairs in preference to tripods, as they can use the top to carry things. Chairs with castors are also used as wheelchairs. One man has a tripod which converts into a seat, allowing him to sit and rest during his walk. Another abandons his walking-sticks for a bicycle when out of doors, as "I don't want people to know I'm like I am. If I had sticks they'd be asking me how I am, so I wheel my bicycle and lean on that".

(a) Who supplied aids

All informants were asked who supplied their aid; although it is possible from their answers to know whether the aid was supplied by some official body, it is not possible to rely on the description of which particular body was responsible.

'The National Health' is taken by many to cover any organisation that supplies a free aid.

Over half the walking frames, nearly all surgical boots, 55% of wheelchairs,* nearly three-quarters of elbow and shoulder crutches and 90% of calipers are supplied free by hospitals or other health authorities. The local authority is credited with supplying free a quarter of the walking frames, and 15% of wheelchairs, and between 1% and 2% of other walking aids, while voluntary organisations supplied around 7% of walking frames, wheelchairs and elbow crutches, usually making a small charge.

Some 12% of walking frames and elbow crutches, nearly a quarter of the shoulder crutches and some 20% of wheelchairs were bought privately, or acquired from relatives or friends. One lady declared she had "the parish wheelchair. A lady died and left it to the parish, and the vicar let us have it".

(b) *Use of aids*

Some of the aids supplied or purchased are not used, as will be seen from Table 22.

TABLE 22
Proportion of people using various types of walking aids

Types of walking aid	Aid not used %	Aid used			No. of aids on which % based†
		Inside only %	Outside only %	Both inside and outside %	
Walking frame/tripod	15	52	4	29	296
Wheelchair	8	13	56	23	535
Elbow crutch(es)	11	13	30	46	168
Shoulder crutch(es)	12	23	3	62	96
Calipers, built-up shoes	3	3	10	84	251
Other aids	—	19	28	53	103

† excludes those not answering as to whether used

A high proportion of those not using walking frames inside say they are not necessary as they have a more convenient aid, or manage to get around using furniture as a support. Of those only using walking frames inside, half are housebound, and nearly one-quarter have a more convenient aid. About 15% find their walking frame unsuitable for use outside, mostly because they have become too handicapped to use it, or because they find it is too big or unstable. Seven per cent say the area in which they live is not suitable for using walking aids, for example it may be too hilly, or there are too many busy roads to cross.

Almost all those not using elbow crutches, shoulder crutches or calipers outside the house are either housebound, or have a more convenient aid for outside use. There are one or two people who will not use aids outside, as they are ashamed to let people see they need them.

* Comparison of the number of wheelchair users revealed in the survey, and the figures given by the Department of Health and Social Security as to the number of wheelchairs supplied by them suggests that the percentage supplied from that source may be nearer 70%.

(c) *Wheelchairs*

Some 8% of those with wheelchairs have two chairs, and one man in the sample has three. Over 40% of those with wheelchairs have had one for five years or longer, including 25% who have had a wheelchair for 10 years or more, and 7% for over 20 years. There are, however, some 10% who have had a wheelchair for less than six months, and a further 6% for between six months and a year.

A very small proportion (about 1%) of the chairs are electrically powered,* the rest are either self-propelled (about one-third) or need to be pushed (about two-thirds). Where instructions on the use of the wheelchair were given (to about a quarter of the wheelchair users), the instructions were said to be adequate, but very few of those who were *not* given any instructions thought that a demonstration would have made it easier for them to handle the chair. The majority of wheelchairs need an attendant to propel them, only 20% of informants being able to manage without an attendant, a further 12% being able to propel their chairs indoors, but not outside. As some informants put it, "What instructions can they give except 'push'?" Similarly, someone looking after a person ill in bed would not ask how to lift them out of bed, yet nurses are trained to do this.

Attendants of those so handicapped as to need to use wheelchairs are usually husbands and wives, but there is also a sizeable majority of children, parents and siblings acting in this capacity.

It is understandable, since many informants are elderly and relying on equally elderly attendants, that over a third say that the attendant has difficulty taking them out in a wheelchair, the greatest obstacle being the kerbs. Twice as many attendants complain of difficulties caused by the weight of the patient as by the weight of the chair itself. In some cases the informant can only be taken out if two attendants are available.† It well may be that there are some 'tips' which can be passed on to attendants that will make it easier for them to manage the chair and its occupant. As it is, 3% of those with wheelchairs never use the chair outside because their helpers cannot cope with it, and 11% say they never use it outside because they cannot get an attendant.

There are other reasons for wheelchairs not being used outside, the main one being that they cannot get the chair out because there are steps, doors are too narrow, the area is too hilly or roads too difficult or impossible to get across in a wheelchair. Ten per cent of those with a wheelchair do not use it outside as they say it is unsuitable for outdoor use, or is unsatisfactory in general as it is too big or uncomfortable, while a further 5% say they cannot use their aid outside because they are not capable of the arm movements for self-propulsion, and have no one to push.

Difficulties of using a wheelchair inside the house and alterations to housing to facilitate wheelchair use, are discussed in the section of this report on housing (part II).

* Although electrically powered wheelchairs can be supplied under the National Health Scheme, those in the sample have been bought privately and cost between £150 and £200 each.

† I had experience of this recently when a friend and myself tried to take out an elderly house-bound neighbour for Sunday outings. The only wheelchair the local Red Cross could produce for hire was a very light, ramshackle chair, with wheels which had a will of their own. The woman was very heavily built, and at even a slight incline it was as much as the two of us could do to manoeuvre the chair along. At kerbs we had to enlist the aid of passers-by to manhandle the chair, with one person steadying the sitter. After two such experiences, and no possibility of hiring a more suitable chair we abandoned the attempt.

8.0 MEDICAL ADVICE, TREATMENT AND DRUGS

8.1 Doctors' visits

Thirty-seven per cent of impaired men and women (all categories) have regular visits from or to a general practitioner. Comparing the proportions of men aged 65 and over receiving regular visits with those under 65, we find a slightly lower proportion of elderly men receiving regular attention. There is this same tendency between women of the two age groups, that is, proportionately more women under 65 tend to have regular attention than more elderly women, but the difference is small. On the whole, the same proportion of men have regular general practitioner attention as women.

There are, however, differences between areas as will be seen from Table 23.

TABLE 23

Proportion of impaired people in different areas having regular general practitioner attention (elderly and non-elderly shown separately)

Area	Regular general practitioner attendance for people aged			No of impaired in area
	16-64 %	65 and over %	All ages %	
Northern	35	39	37	826
Yorkshire and Humberside	47	45	46	1,293
North Western	42	40	41	1,734
East Midland	39	38	39	712
West Midland	44	37	40	1,125
East Anglia	29	35	33	391
South Eastern (excluding Greater London)	34	31	32	1,878
Greater London	29	25	27	1,837
South Western	33	38	36	1,069
England	38	35	36	10,865
Wales	46	41	43	738
Scotland	38	40	39	1,135
Great Britain	38	36	37	12,738

In the Yorkshire and Humberside region, 46% of the impaired see their general practitioner regularly, as do 43% of the impaired in Wales, 41% in the North West and 40% in the West Midlands. The impaired living in London and the South East and East Anglia are much less likely to have regular consultations, and only one in four of the elderly impaired in Greater London visits, or is visited by, his general practitioner regularly.

As one would expect, the proportion having regular attention varies somewhat between those with different degrees of handicap, as will be seen from Table 24.

About half of the very severely handicapped have regular medical attention from a general practitioner, the more handicapped within this group being more likely to have regular attention (nearly 60% of categories 1 and 2). Apart from this group needing day and night care, there is little difference in the proportions of the rest of the very severely and severely handicapped, with some 47% having regular attention. Two out of five people who are appreciably handicapped, and

TABLE 24

Proportion of people with varying degrees of handicap having attention from a general practitioner regularly

Degree of handicap	% having regular attention	No. on which % based
Very severe 1 + 2 3	57 } 48 } 50	101 551
Severe 4 5	51 } 46 } 47	410 1,010
Appreciable 6	41	2,457
All handicapped 1-6	44	4,529
Minor/no 7	36	2,707
8a non-motor	37	2,935
8b motor	22	2,092
All impaired	37	12,263*

* excludes those in categories 4 to 8, but cannot classify further

slightly lower proportions of those with minor handicaps—or non-motor impairments see their doctors regularly, as does one in five with a motor impairment which does not handicap them at all as far as self-care is concerned.

As with the impaired in general, there are distinct differences between areas in the proportion of handicapped people (categories 1 to 6) receiving regular attention from a general practitioner (Table 25).

TABLE 25

Proportion of handicapped people (categories 1 to 6) in different areas having regular general practitioner attention (elderly and non-elderly shown separately)

Area	Regular general practitioner attendance Categories 1-6			No. of handicapped (1-6) in area
	16-64 %	65 and over %	All ages %	
Northern	41	47	44	311
Yorkshire and Humberside	53	60	57	447
North West	46	45	45	578
East Midland	48	42	44	247
West Midland	51	45	47	410
East Anglia	33	31	31	130
South Eastern (excluding Greater London)	46	39	41	671
Greater London	36	32	33	640
South Western	33	46	43	432
England	44	43	43	3,866
Wales	48	46	46	228
Scotland	49	55	52	435
Great Britain	45	44	44	4,529

In Yorkshire and Humberside three out of five elderly handicapped people see a general practitioner regularly, this proportion being about double that for the elderly handicapped in Greater London. In Scotland, too, a relatively high proportion (55%) of elderly handicapped see a general practitioner regularly.

In Yorkshire and Humberside, the West Midlands and Scotland about half the handicapped under 65 years old see a general practitioner regularly, while in Greater London and the South West the proportion is approximately one-third.

In Scotland, the Northern region, Yorkshire and Humberside and the South West elderly handicapped are more likely to be visited by or visit general practitioners regularly than the non-elderly handicapped, while in the South East and the East and West Midlands the opposite applies.

8.2 The frequency of regular general practitioner consultations

The period between regular visits can vary greatly, from almost daily to once every three months. Indeed, a small proportion of handicapped (1%), claim that regular visits take place less frequently than once every three months. In Great Britain, however, almost half the handicapped having regular consultations see a doctor once a month, 20% once every two or three weeks, and 12% at least once a week. Here again, the frequency of regular visits varies between areas, as will be seen from Table 26.

TABLE 26

Frequency of regular general practitioner visits to or from the handicapped in different areas (cumulative frequencies shown)

Area	Cumulative frequencies Regular consultations at least once every				Less often %	No. on which % based
	1 week	2-3 weeks	1 month	2 months		
Northern	19	42	75	92	8	137
Yorkshire and Humberside	6	28	77	92	8	255
North Western	7	29	72	85	15	261
East Midland	10	28	83	90	10	110
West Midland	13	31	86	93	7	193
East Anglia	[9]	[6]	[18]	[2]	[4]	39
South Eastern (ex- cluding Greater London)	11	34	82	92	8	272
Greater London	15	31	71	90	10	210
South Western	9	30	80	92	8	183
England	11	31	78	91	9	1,660
Wales	8	26	88	96	4	104
Scotland	23	42	81	90	10	225
Great Britain	12	32	79	91	9	1,989

[] denotes number not percentage

In Scotland, about one in four of the handicapped seen regularly by a general practitioner has a consultation at least once a week. In Yorkshire and Humberside, where a high proportion is visited regularly, the proportion of weekly regular visits is well below average.

8.3 All general practitioner consultations (regular and casual)

Informants who were not receiving regular visits were asked when they had last seen their general practitioner. About one in four had seen his doctor within the last month, including 8% seeing him within the last week. Forty per cent of the impaired, however, had not seen their general practitioner within the last six months. There was no difference between the elderly and non-elderly as to when they last consulted their general practitioners.

Here again, there are area variations in the time that has elapsed since the last consultation, but the differences are much smaller, ranging from 6% of those in the South East to 11% in the North West seeing their doctor during the week before interview. Details of these area differences for all impaired persons not seeing a Doctor regularly, and for the elderly and non-elderly shown separately, are given in Appendix A, Table A IX.

From this information, and from the frequency of regular visits, it is possible to construct tables showing when the elderly and non-elderly handicapped (categories 1 to 6) last had attention from their general practitioners.

TABLE 27

When the elderly and non-elderly handicapped last saw their general practitioners (regular and non-regular visits combined)

General practitioner last seen	Handicapped people (categories 1-6)		
	Aged 16-64 %	Aged 65 or over %	All ages %
Within last week	9.7	11.1	10.6
2 weeks to 1 month ago	37.9	41.1	40.0
Over 1 month to 3 months ago	22.0	19.9	20.7
3 months to 1 year ago	22.0	19.8	20.5
Not within the last year	8.4	8.1	8.2
No. on which % based	1,539	2,928	4,467

There is little difference as to when the general practitioner was last seen between the elderly and non-elderly handicapped, although a slightly higher proportion of the elderly handicapped had seen their general practitioners less than a month before the interview. Nearly 30% of the handicapped had not seen their doctor within three months of interview, including 8% who had not seen him for at least a year.

As far as area differences are concerned, in East Anglia 27% of the elderly handicapped had seen their general practitioner within a week of interview, as had 22% of the elderly handicapped in Scotland, and 14% of the elderly handicapped in Wales and the East Midlands. In the South West, only 6% of the elderly handicapped had had a doctor's visit in the last week, compared with 9% of the non-elderly, while the proportions in Yorkshire and Humberside were 7% elderly and 12% non-elderly. The numbers on which the proportions for non-elderly are based are small in some areas, and Table 28 therefore shows the proportions for all handicapped.

The handicapped in Wales and Scotland see their general practitioners more often than the handicapped in England, and the lowest proportion of handi-

TABLE 28

When handicapped people in different areas last saw their general practitioner (cumulative frequencies shown)

Area	General practitioner last seen within last				
	week %	month cum. %	3 months cum. %	year cum. %	No. on which % based
Northern	13	45	68	89	309
Yorkshire and Humberside	9	60	84	95	439
North Western	12	51	73	93	574
East Midland	11	52	70	91	243
West Midland	11	56	73	94	408
East Anglia	22	53	63	89	125
South Eastern (excluding Greater London)	7	46	64	89	658
Greater London	9	40	64	89	632
South Western	7	48	69	92	429
England	10	49	70	91	3,817
Wales	10	57	81	95	222
Scotland	17	60	79	95	427
Great Britain	11	51	71	92	4,466

capped seeing their general practitioner within a month of the interview live in Greater London, and the highest in Scotland and Yorkshire and Humberside.

8.4 Other medical treatment (apart from drugs and medicine)

Some 15% of the impaired are receiving treatment for their condition, nearly 10% at hospital, the rest at clinics, centres and from their own general practitioner. Apart from those whose impairment is non-motor, and who are not handicapped as far as looking after themselves is concerned, of whom a much lower proportion are receiving treatment, there is, understandably, no significant differences between categories, or between men and women in different age groups.

8.5 Other advice sought

Just under 9% of the impaired had sought advice, in a private capacity, from a medically qualified 'specialist'. Those most likely to have approached a consultant privately are the severely handicapped (categories 4 and 5 show 12.2% and 11.3%) and the least likely are those at the top end of the very severely handicapped. (Categories 1 and 2 show 7.1% consulting privately.)

As many of the very severely handicapped and the non-elderly with other degrees of handicap have sought aid or treatment from non-medical sources as have approached medical specialists, although the proportion for the elderly who are not very severely handicapped is lower.

Osteopaths, manipulators and bonesetters are used by 4% of the impaired and 5% of the handicapped. The very severely handicapped are just as likely to resort to spirit healers and faith healers as to osteopaths. Between 3% and 4% of the very severely handicapped have tried faith or spirit healing, as have nearly 3% of these in category 4 and over 2% of category 5.

Herbalists, homeopaths, psychologists, naturopaths and hypnotists have been

approached by a small proportion of the handicapped and impaired, a few have had acupuncture, gone to chemists for advice, and one or two have been to Lourdes.

Two out of three very severely handicapped people who have tried non-medical remedies say they were helped, as do 45% of the non-elderly and 30% of the elderly impaired who are not very severely handicapped.

8.6 Drugs, medicines, ointments, etc.*

Seventy-one per cent of the sample use drugs because of their impairment,* most of them on prescription. The use of drugs increases with age, but seems to level off in very advanced age, and women are more likely to use drugs than are men, as will be seen from Table 29.

TABLE 29
Proportions of men and women in different age groups using drugs for their condition

Age group	% using drugs					
	Men		Women		Men and women	
	%	No. on which % based	%	No. on which % based	%	No. on which % based
16-29	35	208	43	161	39	369
30-49	46	816	64	703	54	1,519
50-64	70	1,662	75	1,795	73	3,457
65-74	73	1,477	80	2,315	75	3,792
75 and over	66	1,002	78	2,584	74	3,586
All ages	65	5,165	75	7,558	71	12,723

Three out of four impaired women, and nearly two out of three impaired men use drugs for their complaint, most of which are obtained on prescription, although some, as will be seen later, supplement prescriptions by buying pills and tablets from chemists. The difference in the proportions of men and women using drugs is not solely due to there being more elderly women than elderly men for, while more in the older age groups use drugs, the proportion of women using them is higher for each of the age groups.

The proportions having drugs prescribed for them decreases from about 80% for each of the categories covering the very severely and severely handicapped, to 72% of the appreciably handicapped, 65% of those with a minor handicap, and 43% of those in category 8b, that is those with a motor impairment which does not handicap them as far as self-care is concerned. In category 8a, those with a non-motor impairment, 68% have drugs prescribed.

Some 10% of the impaired buy drugs which are *not* prescribed, the very severely handicapped and those not handicapped but with non-motor impairment showing a lower incidence than other groups (6%).

8.7 Payment for prescribed drugs

Eighty-three per cent of the handicapped and 74% of those impaired, but not handicapped, for whom drugs are supplied are either exempt from payment,

* The word 'drugs' here covers all pills, tablets, lotions, ointments, etc. used by the informant.

or claim the money back.* Over 95% of the very severely handicapped for whom drugs are prescribed do not have to pay, neither do 80% of those severely or appreciably handicapped.

Where payment is made the weekly estimated cost is usually less than 1s., as will be seen from Table 30.

TABLE 30
Estimated weekly cost of drugs prescribed for those with different degrees of handicap

Estimated weekly cost of prescribed drugs	Degree of handicap						All impaired 1-8 %
	Very severe 1-3 %	Severe 4-5 %	Appreci- able 6 %	Minor/no			
				7 %	8a non- motor %	8b motor %	
Nothing	95.6	80.0	80.8	77.5	74.3	65.5	77.2
Less than 1s.	1.2	7.9	8.1	9.0	10.7	15.8	9.5
1s. to 1s. 11d.	0.6	6.1	5.9	7.0	7.8	11.2	7.0
2s. to 2s. 11d.	0.2	2.8	2.8	2.5	3.4	3.2	2.8
3s. to 4s. 11d.	0.4	1.4	1.4	2.3	2.5	2.5	2.0
5s. to 9s. 11d.	0.8	1.7	0.8	0.9	1.2	1.3	1.1
10s. or more	1.2	0.1	0.2	0.8	0.1	0.5	0.4
No. for whom drugs prescribed (% base)	520	1,144	1,756	1,752	2,005	904	8,348†

† final column includes cases it was not possible to categorize

Included in the group 10s. a week or more are some people who claim that their expenditure on prescribed drugs is more than £1 a week. It can be estimated that in Great Britain there are some 7,500 very severely or severely handicapped people paying 5s. a week or more for prescribed drugs, of whom a quarter pay 10s. a week or more. In addition, there are about 4,000 appreciably handicapped people who pay 5s. or more a week for prescribed drugs.

9.0 HEALTH AND WELFARE SERVICES *

This enquiry was planned, and interviewing completed, before the passing of the Chronically Sick and Disabled Persons Act, 1970.

9.1 Powers to provide welfare services (prior to the Act referred to above)

The National Assistance Act, 1948, made provision for welfare services for the handicapped, and Circular 32/51† gives guidance to local authorities, and outlines schemes which would be approved by the Minister. Appendix II of this circular is "an outline scheme for persons substantially and permanently

* A person is exempt from payment under the Regulation of 10 June 1968. The exempt categories are: children under 15; people aged 65 and over; expectant and nursing mothers; people suffering from certain medical conditions; war and service disablement pensioners in respect of their accepted war or service disablements; recipients of supplementary benefits and their dependants; other people assessed as needing help to pay the charges, and their dependants.

† Ministry of Health Circular to county councils, county borough councils (England) and other local authorities (for information), dated 28 August 1951. A further circular 15/60, dated 18 July 1960, refers to the small number of authorities without approved schemes under section 29 of the National Assistance Act, 1948, and directs these authorities to exercise their powers.

handicapped by illness, injury or congenital deformity". It may be useful to recapitulate some of the points contained in this draft outline when considering this part of the report.

Part I-2(2) Any provision in this scheme . . . shall be construed as a provision enabling the Council to provide the services either directly, or by the employment as their agent of any voluntary organization.

Register

3(1) The Council shall keep a register of handicapped persons who apply for assistance and whom the Council assist under this scheme. . . .

Social Welfare

4. The Council so far as reasonably necessary to meet the needs of handicapped persons shall
 - (1) assist handicapped persons to overcome the effects of their disabilities, and to obtain any available general, preventive or remedial medical treatment which they appear to require;
 - (2) give advice and guidance to handicapped persons on personal problems and in connexion with any services whether provided under any enactment or rendered by any voluntary organization, which appear to be available to them and of which they wish to take advantage;
 - (3) encourage handicapped persons to take part in the activities of social centres, clubs or institutions, whether provided by the Council under this scheme or otherwise or provided or established by any other person under any enactment or otherwise;
 - (4) use their best endeavours to arrange for voluntary workers to visit handicapped persons with a view to affording them comfort and encouragement and assistance in the solution of domestic and other problems confronting them, to accompany them to places of worship, social centres, clubs and similar places of recreation and otherwise to assist in the carrying out of the purposes of this scheme; and
 - (5) use their best endeavours to secure the co-operation of the responsible bodies in facilitating the admittance of handicapped persons carried in wheel-chairs or spinal-chairs to places of worship, entertainment or recreation and in making suitable provision for them while there.
5. In addition, the Council may:
 - (1) provide practical assistance for handicapped persons in their homes;
 - (2) provide, or assist in obtaining, wireless, library and similar recreational facilities for handicapped persons;
 - (3) provide for handicapped persons lectures, games and other recreational facilities in such social centres as aforesaid and elsewhere, and also outings;
 - (4) provide facilities for, and assistance to, handicapped persons in

travelling to and from their homes to participate in any of the services provided under this scheme;

- (5) assist handicapped persons in arranging for the carrying out of any works of adaptation in their homes or the provision of any additional facilities, designed to secure the greater comfort or convenience of such persons, and if the Council so determine defray any expenses incurred in the carrying out of any such works or in the provision of any such facilities; and
- (6) facilitate the taking of holidays by handicapped persons, in particular at holiday homes, whether provided by the Council under this scheme or otherwise, or provided or established by any other body under any enactment or otherwise, and if the Council so determine defray any expenses incurred in or in connexion with the taking of such holidays.

Workshop employment

6-(1) The Council may provide such sheltered workshops as the Minister may approve in which handicapped persons may be employed in suitable work.

Among the notes accompanying the draft outline are:

Clause 1(3)

It is considered to be impracticable to define the persons who may be dealt with under the scheme beyond the terms of section 29 of the Act.* The Minister hopes that local authorities will give a wide interpretation of the words "substantially and permanently".†

Clause 3(1)

The handicapped person's application need be nothing more than a word to the Council's welfare officer.

9.2 Registers

The Local Authority Welfare Department keeps registers as follows:

1. Deaf
2. Hard of hearing
3. Blind
4. Partially sighted
5. Physically handicapped persons (general classes)

They may, of course, keep registers of other groups. For example, one authority we visited kept a register of old people.

In addition, the Health Department keeps registers of the mentally ill and mentally subnormal.

* 29(1) A local authority shall have power to make arrangements for promoting the welfare of persons to whom this section applies, that is to say persons who are blind, deaf and dumb, and other persons who are substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed by the Minister.

† Extended (circular 15/60) by adding "or who is a mentally disordered person of any description" after the passing of the Mental Health Act, 1959.

It was not the intention of this study to examine the criteria applied to the registration of handicapped people, but it was clear that the term "substantially and permanently handicapped" was being interpreted differently by the authorities. In one county, for example, anyone who was permanently handicapped by a congenital malformation or deformity (say one leg two inches shorter than the other) would be considered as eligible, although this could hardly be taken as "substantial". The practice of registration appears to differ too. For example we were told that in one county persons applying for aid were told that they would have to 'register' (whatever that might entail) before they could be considered, while in other counties aid was given to a person and his name then added to the register, so that it is quite possible for a person to be registered, and not be aware of the fact.

We asked most of our informants* if they had heard of the local authority register of handicapped persons (see question 27, Appendix G), and, if they had, if they knew what sort of people this register was for. It was quite clear from the answers to the subsidiary question that some of the handicapped confused this register with the Department of Employment register of disabled workers.

In addition to asking informants if they were registered, therefore, a special check was made of the local authority registers of physically handicapped persons (general classes), to see whether people selected in our sample were in fact registered.

Checking the register was a long and, in some cases, tedious business. Most of the registers were arranged alphabetically, and, since the checking had to be done while interviewing was in progress we had the problem of not always knowing the forenames, and sometimes the surname of the person in whom we were interested.† Instructions to our checkers are shown in Appendix E, and although every care was taken it is possible that we failed to find some of our informants who were, in fact, registered.

From this survey, it is estimated that 160,000 persons aged 16 or over, living in private households, are registered as substantially and permanently handicapped on the local authority general classes' register. From returns submitted by the local authorities to the Department of Health and Social Security the number of people aged 16 and over registered in England and Wales at the end of 1968 was 198,000, to which an estimate of 20,000 for Scotland might be added, giving a total estimate of nearly 220,000 for Great Britain. This figure will include some people who were in homes for the elderly and disabled, or in hospital, at the time of the survey, and some who had died or moved from a local authority but not yet been removed from its register. Bearing in mind also that the survey's figure of 160,000 is subject to sampling error, the two estimates are not necessarily substantially inconsistent. Even if the figure of 220,000 were, however, taken to relate to the estimate of impaired, excluding deaf and blind, derived from the survey it would mean that the proportion of impaired who are registered

* Impaired people who had carried out the Bedford Tests, and were observed to have no difficulty whatsoever with any of the 32 items, were not asked these questions, as it was assumed they had no reason to know of or use the handicapped persons' register.

† The postal questionnaire was not always completed by the impaired person himself. Mr. John Smith might have signed the postal form, indicating the impaired person was "my wife", or "my son". In such cases, we had the surname, address, age and sex only as a guide, and had to check every 'Smith' on the register for the address. Where a Mrs. John Smith indicated the impaired person was her mother, or the form was completed and signed by, say, a home help, or other non-relative, we had basically only the address to work on.

is 7.1, compared with the 5.2% shown in this section. If the authorities are hoping that the handicapped will come forward to ask for registration, then it may be relevant to consider whether they are aware of the existence of such registers, and of their own position as regards registration.

9.3 Knowledge of the register

We have already mentioned (footnote to page 42) that we had assumed that impaired people who had demonstrated that they had no difficulty whatever in performing the 32 items of the Bedford Tests would not be registered as substantially and permanently physically handicapped, and that knowledge of the existence of such a register would have no practical use. These people were not, therefore, asked questions about their knowledge and use of the register. (They would all, according to our classification, fall into categories 8a or 8b.)

Of the 10,211 impaired people questioned, 82% have never heard of the register, although a few of these have heard of and confused it with the Department of Employment's register. There is no difference in the proportion of impaired men who have heard of the register compared with impaired women.

However, while 22% of those under 65 have knowledge of the existence of the register, only 15% of those aged 65 and over know of its existence.

One might have expected that the more severely handicapped would be more aware of such a register. However, comparing three groups, 17% of the very severely and severely handicapped claim knowledge of the register, as do a similar proportion of those with minor or no handicap. A rather higher proportion of those appreciably handicapped claim to know of the register (21% of category 6), but this category covers a relatively younger population, so that it would appear knowledge of the register is more likely to depend on age than on degree of handicap.

9.4 Informant's knowledge of whether registered

Just over 2% of the impaired think they are on the local authority register (general classes), as compared with just over 5% we actually found on the register.

Of those who say they have never heard of the register, 5% are registered, as are 4% of those who know about the register, but say they are not themselves registered. In addition, just over 1% of those who had demonstrated their physical ability by doing all the tests without difficulty are registered. To compensate somewhat for this under estimate, 50% of those who claim to know of the register and be registered, were not found by our checkers on the general classes' register.

In view of the obvious weakness of these data, any comments on the value of registration based on the informants' knowledge of their own position as regards registration cannot be quantified. It may be worth noting here, however, that the main benefit of registration is considered by the impaired to be the supply of aids for mobility, and the main reason for non-registration by those claiming to know of the existence of the register is that they do not consider themselves to be handicapped, and that they need no help. A very small proportion claim to be too independent, or to dislike 'authority'.

Similarly, 70% of those who have not heard of the register say they would not have asked to be registered had they known of its existence, again giving the main

reason as not being in need. Here, too, "independence" and "dislike of authority" were quoted in a small proportion of cases.

In considering the coverage of the local authorities' register (general classes), we are basing our observations on the cases actually found to be registered when we checked.

9.5 Registration

Bearing in mind the difference between our estimates and those of the Department of Health and Social Security, and the general proportion of 5.2% of the impaired being registered, there is evidence that authorities have registered proportionately more of the handicapped than those with less handicapping impairments, as will be seen from Table 31.

TABLE 31
Proportion of people with different degrees of handicap who are on the local authority register (general classes)

Degree of handicap		% registered	No. on which % based	
Very severe	1 + 2	13.9	101	652
	3	18.7	551	
Severe	(1-3)	17.9		
	4	9.0	410	1,420
	5	11.7	1,010	
Appreciable	(4-5)	10.9		
	6	6.7	2,457	4,529
All handicapped	1-6	11.8		
	7	3.5	2,707	2,935
	8a	1.8	2,935	
	8b	3.0	2,092	
All impaired		5.2	12,738*	

* includes persons in categories 4 to 8 but who were not able to be classified further

While about one in eight people who are handicapped (according to our criteria) is registered, the ratio for the very severely handicapped is roughly one in five, for the severely handicapped one in 10 and for those appreciably handicapped one in 15. It may seem odd that proportionately fewer of those of the very severely handicapped who are so disabled as to need constant care almost day and night are registered than those with very severe handicap who do not need constant day and night care. It may be that welfare departments' services are of less help to those in categories 1 and 2 than are the health departments' services. It may also be due to the high proportion of elderly women in categories 1 and 2 as age appears to be an important factor (Table 32).

There are no significant differences between the proportions of elderly men and women in different categories of handicap who are registered. There are, however, very big differences between the proportions of registered elderly and non-elderly with the same degree of handicap. Nine per cent of the elderly who are very severely handicapped are registered, compared with 41% of the non-elderly. If we divide the non-elderly into two groups, the proportions of registered show even greater differences between the younger handicapped people and the elderly (Table 33).

TABLE 32

Proportions of elderly and non-elderly men and women in different categories of handicap who are on the local authority register

Age and sex	Degree of handicap					All impaired 1-8 % reg.
	Very severe % reg.	Severe % reg.	Appreciable % reg.	All handicapped 1-6 % reg.	Minor/no % reg.	
Men aged						
16-64	41	17	11	16	4	7
65 and over	11	6	7	7	2	4
All men	23	10	9	11	3	6
Women aged						
16-64	41	14	9	14	3	7
65 and over	9	10	4	7	2	4
All women	16	11	6	9	2	5
Men and women aged						
16-64	41	15	10	15	4	7
65 and over	9	9	5	7	2	4

TABLE 33

Proportions of registered handicapped and impaired people in different age groups

Degree of handicap	% in age group registered		
	16-49	50-64	65 and over
Very severe			
1-3	47	39	9
Severe			
4-5	18	14	9
Appreciable			
6	12	9	5
All handicapped			
1-6	19	13	7
Minor/no			
7-8	5	3	2

As far as the very severely and severely handicapped are concerned, whether or not the informant is living with a spouse also appears to have an influence on registration, as is shown in Table 34.

Of the very severely and severely handicapped who are living alone (the majority of whom are elderly), 16% are registered, this proportion being similar to that for those living with a spouse, whether or not there are children in the household. Of, however, the people who are widowed and living with an unmarried child, 8% are registered, and of those living with married children, only 3% are registered.

This argues, taking into account the age differences shown in Table 16, that an elderly person has also to be living alone to stand the same chance of being registered as the younger handicapped.

TABLE 34

Proportion of very severely and severely handicapped people who are registered, living alone and with others

Household composition	Degree of handicap					
	Very severe		Severe		Very severe or severe	
	% reg.	No. on which % based	% reg.	No. on which % based	% reg.	No. on which % based
Living alone	[6]	34	16	338	16	372
Living with spouse only	27	191	10	458	15	649
Living with spouse and others (mainly child(ren))	28	108	11	253	16	361
Living with married child(ren) (no spouse)	3	157	3	166	3	323
Living with unmarried child(ren) (no spouse)	5	58	11	73	8	131
Living with others	20	105	11	132	15	237

[] denotes number not percentage

As far as mobility is concerned the group most likely to be registered is that containing those who are very severely handicapped and who can only get out with an escort, as will be seen from Table 35.

TABLE 35

Proportion of people with different degrees of handicap and mobility who are registered

Mobility	Degree of handicap							
	Very severe		Severe		Appreciable		All handicapped 1-6	
	% reg.	No. on which % based	% reg.	No. on which % based	% reg.	No. on which % based	% reg.	No. on which % based
Bedfast	10	116	—	—	—	—	10	116
Housebound and chairfast	13	179	[7]	54	—	8	12	241
Other housebound	16	146	12	318	9	370	12	834
Gets out if accompanied	28	171	17	294	13	319	18	784
Gets out on own with aids or difficulty	[10]	30	12	419	9	788	11	1,237
Gets out with no aids or difficulty	—	8	3	335	2	968	2	1,311
All handicapped	18	652*	11	1,420	7	2,457*	10	4,529*

[] denotes number not percentage

* final column includes two very severely and four appreciably handicapped people whom it was not possible to classify for mobility

Those who can only go out with an escort are more likely to be registered than those with a similar degree of handicap with either greater or more limited mobility. Apart from those who get out with no difficulty, the bedfast, 85% of

whom are elderly (7.1(a), page 26) and are *not* living alone, have the lowest proportion of registration in the very severely handicapped or severely handicapped categories, which is lower than the proportion of appreciably handicapped who need an escort to take them out.

There are regional differences in the proportions registered, as will be seen from Table 36.

TABLE 36
Proportion of people with different degrees of handicap registered in different areas

Area	Degree of handicap								All im- paired* 1-8	
	Very severe and severe 1-5		Ap- preciable 6		All handi- capped 1-6		Minor/no 7-8			
	% reg.	No. on which % based	% reg.	No. on which % based	% reg.	No. on which % based	% reg.	No. on which % based	% reg.	No. on which % based
Northern	7	138	8	173	7	311	1	479	4	822
Yorkshire and Humberside	15	189	5	258	9	447	3	792	5	1,290
North Western	11	273	7	305	9	578	3	1,080	5	1,734
East Midland	16	126	4	121	10	247	3	421	5	712
West Midland	16	174	7	236	11	410	2	688	6	1,125
East Anglia	23	62	6	68	14	130	2	252	6	391
South Eastern (excluding Greater London)	14	322	6	349	10	671	4	1,143	6	1,881
Greater London	17	259	8	381	12	640	3	1,147	6	1,836
South Western	11	201	10	231	10	432	1	589	5	1,069
England	14	1,744	7	2,122	10	3,866	3	6,591	5	10,860
Wales	12	122	6	106	9	228	3	479	5	738
Scotland	9	206	4	229	6	435	3	664	4	1,140
Great Britain	13	2,072	7	2,457	10	4,529	3	7,734	5	12,738

* all impaired column includes 475 persons in categories 4 to 8 who cannot be classified further

Apart from East Anglia, where the proportion of handicapped registered is based on a small number, and the Northern region of England, and Scotland, where the proportion of handicapped registered is lower than that for Great Britain, the other regions of England and Wales have registered about one in 10 of the handicapped. In some areas, however, a very much higher proportion of very severely and severely handicapped are registered, the proportion in Scotland and the Northern region being almost half that in most other regions.

9.6 Individual health and welfare services

That impaired people are not registered does not, of course, mean that they get no health and welfare services. While only 5% of the impaired are registered, about 30% use at least one of the health or welfare services. Similarly, while 12% of the handicapped are registered, 40% use one or more of the services.

The number of different services helping those with different degrees of handicap is shown in Table 37.

TABLE 37

Number of different health and welfare services helping persons with varying degrees of handicap

No. of health and welfare services received	Degree of handicap								All impaired %
	Very severe		Severe		Ap-preciable	Minor/no			
	1 + 2 %	3 %	4 %	5 %	6 %	7 %	8a non-motor %	8b motor	
None	26.2	38.7	51.4	58.6	67.9	72.4	78.6	85.3	71.7
1	37.3	34.3	26.3	20.3	20.2	19.3	14.8	11.1	17.9
2	20.2	15.0	11.5	14.0	7.0	4.9	5.3	2.4	6.5
3	12.3	6.9	5.9	6.3	3.6	2.3	0.6	0.6	2.6
4	3.2	4.2	2.7	0.7	0.9	1.1	0.5	0.6	1.0
5 or more	0.8	0.9	2.2	0.1	0.4	—	0.2	—	0.3
No. on which % based	101	551	410	1,010	2,457	2,707	2,935	2,092	12,738*

* includes 475 people who could not be classified

Three out of four of the most handicapped people are helped by at least one of the health and welfare services, one in five having two sources of help, and one in six has assistance from three or more services. Of the rest of the very severely handicapped three out of five have at least one service, one in seven being helped by two, and one in eight by three or more services.

The proportions being helped decrease with decreasing severity of handicap, and the number of services used also decreases.

While the handicapped register is the responsibility of the welfare departments, the services most used by the impaired in general, and the handicapped in particular, are all services administered by the health departments, namely chiropody, home help and home nursing.†

(a) *Chiropody*

Just over 10% of all the impaired use the local authority chiropody service. Nearly 17% of the very severely handicapped and the severely handicapped, and 12% of the appreciably handicapped, and those with impairment causing little handicap, have local authority chiropody.

More than three-quarters of all the impaired having this service are women, and the vast majority are elderly. Less than 2% are under the age of 50, and most of these are aged 30 or over.

The majority of those having chiropody (52%) get treatment once every two months, 17% having treatment every month, but nearly 30% have to wait longer than two months between treatments. A rather higher proportion of the very severely handicapped go longer between treatments than either the elderly or non-elderly not so severely impaired.

† Written before the setting up of local authority social services departments, which now have a range of responsibilities including the former welfare services and some of the former health services.

(b) *Home helps*

Seven per cent of the impaired have a home help, the proportion being 16% for the very severely and severely handicapped and 11% for those appreciably handicapped. As will be shown later, the proportions for people with different degrees of handicap who are living alone are very much higher, two out of three of the most handicapped (categories 1 and 2), and over half the rest of the very severely handicapped being allocated a home help.

Not only do more of the very severely handicapped have a home help, they also tend to have the service for longer periods, although many (44%) have this help for four hours a week or less. However, 22% of the very severely handicapped have a home help for 10 hours or more a week, and a small minority say the home help comes for 20 to 22 hours a week.

Of those not very severely handicapped, the elderly are much more likely to be allocated a home help than the younger impaired, but where a non-elderly impaired person is given help, the number of hours allocated tends to be longer.

(c) *Home nursing*

Seven per cent of the impaired are visited by a district nurse, and, as would be expected, the proportions are greater for those with higher degrees of handicap. Almost 60% of those in categories 1 and 2, and 40% of the rest of the very severely handicapped are helped by this service, as are 13% of the severely handicapped.

Eighty per cent of the very severely handicapped who have a district nurse are visited at least once a week, some 20% receiving daily visits. Nearly one-third depend on the nurse for a body-wash.

There are only five people in categories 1 and 2 living alone, and all these are visited by the district nurse, as are 33 of the 100 living alone in category 4, and 33 of the 238 in category 5.

Only a very small proportion of the non-elderly who are not very severely handicapped see a district nurse (2%), compared with 8% of the elderly in these categories. The frequency of visits is similar.

The proportions of people with different degrees of handicap having these and other services are summarized in Table 38.

These local authority services are likely to be more important to the handicapped than to the impaired, and to those living alone than to those who may have family support. Table 39 shows the proportions of very severely and severely handicapped (there were not enough very severely handicapped living alone to be considered separately), and of those with appreciable handicap who are living alone, who get help from various services.

Sixty per cent of the handicapped living alone have at least one service, compared with 40% of all handicapped. The proportion for all the very severely and severely handicapped having a service is 50%, while for those living alone it is 70%. This difference of 20% is very similar for those with appreciable handicap.

Health and welfare services must be considered as a supplement to self-help or family help, and one can get a better picture of the possibility of help being available, where no services are supplied, by considering the household composition of these handicapped persons (Table 40).

Four per cent of the very severely handicapped, and 15% of other handi-

TABLE 38

Proportion of people with different degrees of handicap receiving help from health and welfare services

Health and welfare service	Degree of handicap								All im-paired %
	Very severe		Severe	Ap-preciable	All handi-capped 1-6 %	Minor/no			
	1 + 2 %	3 %	4 + 5 %	6 %		7 %	8a non-motor %	8b motor %	
Home help	17	13	17	11	13	9	7	4	7
Meals on wheels	2	4	5	3	4	2	2	2	2
District or male nurse	58	37	13	8	14	6	4	2	7
Health visitor	18	11	7	4	6	3	3	2	4
Social worker	8	11	7	4	6	3	3	2	4
Occupational therapist	1	3	2	1	2	1	1	*	1
Physiotherapist	2	3	3	1	2	2	*	1	1
Chiropody	17	17	17	12	14	12	8	6	11
Visitor for the blind	4	1	1	2	2	1	2	*	1
Attends local authority centre for the physically handicapped	—	2	3	2	2	1	1	1	1
Attends centre for the mentally handicapped	—	—	—	—	—	*	*	—	*
Voluntary societies	—	1	1	1	1	*	■	*	■
In sheltered employment	—	1	1	1	1	1	1	1	1
Other service	2	2	1	1	1	*	■	■	1
None of these services	26	39	57	68	60	72	79	85	72
No. on which % based	101	551	1,420	2,457	4,529	2,707	2,935	2,092	12,738

* less than 0.5%

TABLE 39

Health and welfare services of the handicapped who are living alone

Health and welfare service	Degree of handicap		
	Very severe or severe %	Appreciable %	All handicapped 1-6 %
Home help	50	29	37
Meals on wheels	17	8	11
District or male nurse	23	13	17
Health visitor	10	7	8
Social worker	13	8	10
Occupational therapist	2	1	1
Physiotherapist	3	1	2
Chiropody	31	23	26
Visitor for the blind	—	2	1
Attends local authority centre for the physically handicapped	3	3	3
Voluntary societies	2	3	2
In sheltered employment	■	■	■
Other service	3	2	3
None of these services	29	49	41
No. on which % based	372	580	952

* less than 0.5%

TABLE 40
Household composition of handicapped people who have no health and welfare services

Household composition*	Degree of handicap	
	Very severe %	Severe or appreciable %
Living alone	4	15
Spouse only	26	36
Spouse and children		
Married child(ren)	6	2
Unmarried independent child(ren)	10	14
Unmarried dependent child(ren)	2	5
Spouse and others (<i>not</i> children)	1	3
Children (no spouse)		
Married child(ren)	26	9
Unmarried independent child(ren)	9	7
Unmarried dependent child(ren)	—	†
Parent	6	2
Sibling	4	4
Others	6	3
No. on which % based	240	2,470

* see footnote page 24

† less than 0.5%

capped, are living alone. Thus it can be estimated that in Great Britain there are 2,000 very severely handicapped and some 90,000 other handicapped living alone, and having no welfare services. There are some 15,000 very severely handicapped people relying on their husbands or wives, mainly elderly, for support. There is evidence, however, that many of the elderly who are not living with their children are helped by children and other relatives who are not living in the household.‡ For example, 13% of the elderly who had been ill in bed had received help with their housework; 11% of the elderly who had difficulty doing heavy housework, and 4% who had difficulty preparing meals, had help from children not living with them.

It might, therefore, be of some interest to see whether the very severely handicapped are themselves satisfied with the help they get. Twelve per cent say they have applied for help, but were not in fact helped. Nearly a quarter of these had applied for financial help to the (then) Ministry of Social Security,§ 20% for a home help and 20% for mobility aids. Others mentioned applying for meals-on-wheels, chiropody, clothing and bedding, rehousing, transport, social visiting, institutional accommodation (hospital or homes) and a few wanted help "to relieve the family of responsibility". (Here again, we know that some elderly apply for residential care as they feel that they are a burden to their families.**)

‡ Old People in Three Industrial Societies, Shanas, Townsend and associates.

§ Supplementary benefit is not, of course, a health or welfare service, but many people, particularly the elderly, associate the two. 'The man from Social Security' is often mentioned when the elderly talk about visits from the welfare services, possibly because, in discussions on 'the Welfare State' pensions and allowances are mentioned more often than homes for the elderly, meals-on-wheels and other welfare services.

** Social Welfare for the Elderly, Amelia I. Harris, Government Social Survey Report, number 366.

A few people said they were refused aid on the grounds that their families should help, but the most usual reasons given for refusing aid (one in four said no reason *was* given), were that the applicant did not qualify, or no service was available.

Twenty per cent of the very severely handicapped think the social services should do more to help them.

9.7 Registration and health and welfare services

That a handicapped person is registered with the local authority as substantially and permanently handicapped does not necessarily mean that he has an on-going health or welfare service, although he is much more likely to be getting a service than a person with a similar degree of handicap who is not registered, as will be seen from Table 41.

TABLE 41

Proportion of handicapped people with different degrees of handicap benefitting from various health and welfare services who are on the local authority register, compared with the non-registered handicapped

Health and welfare service	Degree of handicap							
	Very severe 1-3		Severe 4-5		Appreciable 6		All handicapped 1-6	
	Reg. %	Not reg. %	Reg. %	Not reg. %	Reg. %	Not reg. %	Reg. %	Not reg. %
Home help	18	13	31	16	25	10	25	12
Meals on wheels	5	4	14	4	10	3	10	3
District or male nurse	48	39	19	13	10	7	23	13
Health visitor	19	10	13	6	13	4	14	5
Social worker	27	7	25	4	17	3	22	4
Occupational therapist	9	1	5	2	9	1	8	1
Physiotherapist	8	2	4	2	7	1	6	1
Chiropody	21	16	31	15	12	12	21	13
Visitor for the blind	2	2	—	1	—	2	*	2
Attends local authority centre for the physically handicapped	7	*	15	1	16	1	13	1
Attends centre for the mentally handicapped	—	—	—	—	—	—	—	—
Voluntary societies	2	1	1	*	2	1	2	1
In sheltered employment	3	1	3	*	4	1	3	1
Other service	2	2	3	1	1	1	2	1
None of these services	16	41	21	61	37	70	26	63
No. on which % based	117	535	155	1,265	164	2,293	436	4,093

* less than 0.5%

Twenty-five per cent more of the very severely handicapped, 40% more of the severely handicapped and 33% more of the appreciably handicapped who are registered have an on-going service compared with others with a similar degree of handicap who are not registered. The biggest disparity is to be found in the proportions visited by a social worker, presumably because the welfare department does not know of the existence of the majority of handicapped people unless they are registered.

It would seem, from this and foregoing tables, that the welfare departments could go a long way to finding very severely handicapped people in consultation with the health departments, particularly those having home nursing. Of all the permanently impaired people being visited by a district nurse, 70% are handicapped, 30% very severely, 20% severely and the rest appreciably. The data show that 53 of the 87 people in categories 1 and 2 who are not registered are visited by a district nurse, so this suggested joint action would raise the proportion registered of this group, who are so severely handicapped as to need constant care, from 14% to 66%, and from the present 19% to nearly 50% for the rest of the very severely handicapped. For the severely handicapped the proportion registered would be doubled, that is 22% instead of the present 11%, and for those appreciably handicapped the proportion would rise from 7% to 13%.

10.0 VEHICULAR TRANSPORT

None of the very severely handicapped people in categories 1 and 2 drive, or could drive, any sort of vehicle, and less than 2% of the rest of the very severely handicapped drive themselves, five of the nine very severely handicapped drivers in our sample having an invalid tricycle. Just over 6% of the severely handicapped and 8% of the appreciably handicapped drive a vehicle.

Less than 2% of the handicapped have invalid tricycles, and 2.5% drive adapted cars, which means that rather more than one in eight drivers are driving an invalid tricycle or adapted car.

10.1 Eligibility for invalid tricycles or conversion grants

The Department of Health and Social Security will supply invalid tricycles, give grants towards converting private vehicles, and even supply four-seater cars,* where a handicapped person

- (a) is so severely disabled as to have complete or almost complete lack of walking ability
- (b) although still with very restricted walking ability is not as severely disabled as (a), but
 - (i) is in full-time or almost full-time paid employment, or
 - (ii) is a housewife looking after a household and doing the shopping.

The supply of vehicles and adaptation grants is made irrespective of the income of the handicapped person. Two-thirds of those with adapted vehicles have however paid for the adaptation privately.

10.2 Provision of invalid tricycles

Invalid tricycles are provided, maintained and insured free of cost to the handicapped person. In addition an allowance of £5 a year is made towards the cost of petrol duty. The cost of petrol and of the driving licence is paid for by the driver.

Seventy-five people, 51 men and 24 women in our sample had been supplied with tricycles, all but five of them being under 65 years old, at the time of interview.

* Usually granted to war disabled, although other handicapped people have been given such a grant in special circumstances.

10.3 Grants for adapting vehicles

As an alternative to a tricycle an eligible handicapped person is allowed, once every five years, to recover the actual cost of conversion of the controls of a private car up to a maximum of £90. This £90 can include up to £50 for automatic transmission on a new car.

The driver can get tax exemption for a car adapted in this way but must insure and maintain the car, and pay the running costs himself. He must need the adaptation of controls because he is unable to drive a car with standard controls.

All but two of the 34 handicapped in our sample to whom a grant was made are men, and only one was aged 65 or over at the time of interview.

10.4 Supply of special cars

Two men in our sample had been provided by the Department of Health and Social Security with hand-controlled cars. These cars are provided for certain war pensioners and a very limited group of National Health Service patients.

10.5 Income of people being helped

The Department states that the supply of tricycles and grants are given irrespective of income. It is not possible to examine this statement as regards grants for adaptation, as there are proportionately more car-owners among higher income groups.

As far as the supply of tricycles is concerned however, 7% of all the handicapped are in receipt of supplementary allowance (Table 13, page 23).^{*} Of the 72 tricycle drivers giving details of income, 17 are receiving supplementary allowance (24%). This rather indicates that, despite the fact that there is a choice, the handicapped would rather accept a maximum of £90 to adapt a private car, and bear the full cost of maintenance, than a free, fully maintained invalid tricycle.

10.6 Use of invalid tricycles

Sixty-six of the 75 tricycles are petrol driven, and nine electric. Most of them are used for relatively short journeys. When asked what was the longest distance ever driven in one day, nearly half the drivers say this was less than 50 miles, including over a quarter where the longest distance ever travelled in one day was less than 30 miles. However, a quarter of these drivers say they have driven for 100 miles or more, including seven men who claim to have covered 200 miles or more in their tricycles in one day.

10.7 Satisfaction with invalid tricycles

(a) *Loans during repairs and maintenance*

When a tricycle needs repair or regular maintenance it is the aim of this service that the driver be loaned another tricycle. One in three drivers complains that he is sometimes left without a vehicle when his own is not available, the majority saying they have to wait more than a week, as no spare is available. In some cases this lack of replacement is explained in that the particular tricycle has special controls or fittings, or that the regional garage does not carry spares

^{*} In addition 29% get supplementary pensions, but as these are the elderly, and tricycle drivers are usually younger, the figure for supplementary allowance only has been used.

of electric tricycles, but one man says he was without his tricycle for six weeks as it has special controls, and the ministry had borrowed it when they wanted to try it out for someone else. One driver says, "Well, it has an official test every year and if there's anything wrong they take it and promise you a regional spare, but they never get one. I've refused to part with this ropy one until I've got the spare, although the brakes aren't good, as I can't do without it at all, and the last time they took it in for overhaul I was five months without it."

(b) *Single seater*

Almost all the tricycle drivers say that not being able to carry a passenger is a drawback. Social occasions were mentioned, such as married couples never being able to go for a drive together, or, when going out visiting, the wife having to go by, or worse, travel home late in the evening by public transport while the husband drives.

There are also the cases, much publicized, of women who have small children who cannot be left at home when they go shopping.

However, nearly half of the tricycle users say that they *need* a passenger to help them. One woman mentioned that she needs her daughter to help carry the shopping. Another says that she needs to be helped in and out of the car. Some are afraid of accidents and there being no one to help, or in case of a breakdown.

A few people say that the tricycle, being a single seater, is an advantage, in that being such a small vehicle, parking is easier. Two people say a single seater makes it easier to carry their chair, and one man says it means that one can drive it straight away if one has not passed the test (presumably driving test).

One man says, "I don't think a disabled person like myself is fit to be responsible for other people. I would not like to drive anyone else."

(c) *Other comments*

Some people criticised the roadholding qualities of the tricycle, particularly in snowy weather; others mentioned the lack of a petrol gauge, lack of luggage space or that in winter it is very cold.

10.8 Health Services and Public Health Act, 1968

Section 33-(1) of this Act states:

'The Minister may provide invalid carriages for persons appearing to him to be suffering from severe physical defect or disability and, *at the request of such a person** may provide for him a vehicle† other than an invalid carriage.'

11.0 INCOME AND EXPENDITURE (late 1968/early 1969)

It had not been the intention, when this study was first being planned, to make any detailed study of income or expenditure. There are many factors influencing such a decision. There is, in some instances, a reluctance on the part of informants to discuss personal income; this is why questions on income are usually asked at the end of surveys, so that any withdrawal at this point will not influence the rest of the data. There is, too, no simple way of getting a true picture of income as some informants, without meaning to deceive, will omit,

* The italics are mine.

† An estimate of costs involved in providing cars instead of tricycles is made in the British Medical Association's Planning Unit Report, No. 2.

say, building society or post office interest, 'Saturday jobs', regular donations from children or profit from taking in boarders, etc., since they genuinely do not regard these things as 'income'.

Some workers think of income as take-home pay, forgetting that 'deductions' may cover not only income tax and insurance, but possibly savings and union contributions, for example, while others will give their flat rate, forgetting overtime.

We try to frame our questions very carefully to avoid these pitfalls, and normally, the form of questioning used in question 131 (Appendix G) is considered good enough for most within-survey comparisons.

Where receipt of supplementary benefit is likely to be an important source of hidden benefit, for example it entitles people to free prescription, N.H.S. spectacles and dentures, and may also result in no charge being made for home helps, etc., the source of income may also be important.

The analysis of income data is also complicated, as one cannot really compare an income of £15 a week for a single man, living with his parents, with the same income for a married man with two children.

There is one final complication in a study of this size where the results were not expected to become available for two years after collection of the information; this is the rapidly changing income situation.

The Department of Health and Social Security, however, wanted information as to the number of handicapped people who were entitled to supplementary benefit but were not claiming this benefit, and information about people whose income was not much above the supplementary benefit level, the income section of the interviewing schedule is somewhat of a compromise. Where the stated usual income was comparatively well above the supplementary benefit level of requirements, making allowances for the number of dependants, no further questions were asked. For all others, the detailed prompt list, shown in pages 317-318 of the interviewing schedule Appendix G, was applied.

It is, I think, a tribute to the interest shown by, and the public-spiritedness of, our informants, and to the confidence established by our interviewers, that 95% of men, and 91% of women interviewed gave information on income, although in some cases (about 4%) there were particular items on which no information was available.

11.1 Comparison of self-estimate of income, and income derived from adding detailed questions

The self-estimate of weekly income, i.e. the answer to question 131 was compared with the weekly income derived from computing the answers to the rest of the questions. The results for 'single' incomes (unmarried people and widows) and 'joint' incomes (total income of married couples), and of the elderly and non-elderly were compared.

For single incomes, 80% of the self-estimate of both age groups fall in the same £1 income-band as the computed answers. The proportion for lower incomes, under £8 per week, is just over 83% for both age groups, but agreement for those with incomes of £8 and over fell somewhat, being 71% for the under 65s, and 65% for those aged 65 and over.

Most of the discrepancy as far as low incomes were concerned was caused by

14% to 15% of both age groups underestimating income, while only 2% over-estimated. For the over £8 a week incomes, however, the same proportion of persons under 65 years old over-estimated as under-estimated, while for the elderly people, 24% had over-estimated and 11% under-estimated.

In most cases the difference would have resulted in the movement of one £1 income-band.

The correspondence for joint incomes was not so good, the proportions in agreement being 73% for the elderly and 64% for the non-elderly with incomes of under £13, and 65% for the elderly and 62% for the non-elderly with incomes of £13 or more. Here again, the main difference was one of £1, usually an under-estimate.

The income data used in this report are based on the computed income where this is different from that given at question 131.

11.2 Preliminary look at income

It has not been possible, at the time of going to press, to analyse the income questions in detail, and, rather than hold up the rest of the report, we will be analysing the income material in much more detail, and comparing incomes with supplementary benefit levels, etc. However, it might be considered of interest to show the income distribution of the elderly and non-elderly impaired (Tables 42 and 43).

TABLE 42
Income distribution of elderly and non-elderly impaired with single* incomes
(late 1968/early 1969)

Weekly income	Aged					
	16-64		65 and over		All ages	
	%	cum. %	%	cum. %	%	cum. %
Up to £4 9s.	7.8		2.0		3.5	
£4 10s. to £4 19s.	16.9	24.7	21.1	23.1	19.9	23.4
£5 to £5 19s.	10.7	35.4	16.5	39.6	14.8	38.2
£6 to £6 19s.	13.0	48.4	21.1	60.7	18.8	57.0
£7 to £7 19s.	9.1	57.5	15.3	76.0	13.4	70.4
£8 to £8 19s.	7.6	65.1	8.1	84.1	7.9	78.3
£9 to £9 19s.	4.8	69.9	3.9	88.0	4.2	82.5
£10 to £11 19s.	8.3	78.2	4.1	92.1	5.2	87.7
£12 and over	21.8	100.0	7.9	100.0	12.3	100.0
No. on which % based	1,465		3,873		5,371†	

* 'single' income refers to single, widowed, etc., where the income relates to one person only

† includes 33 persons with income of £13 or more for whom age is not known

At the time of interview (late 1968-early 1969), the weekly retirement pension was £4 10s. 0d. for single and widowed persons, and £7 6s. 0d. for married couples. The normal supplementary benefit requirement for the elderly at that time is shown below:

- (a) for householders (i.e. for those directly responsible for rent)

Single person £5 1s. 0d.†

Married couple £7 19s. 0d.†

† plus an addition for rent and rates (normally full amount paid)

TABLE 43

Income distribution of elderly and non-elderly impaired with joint* incomes
(late 1968/early 1969)

Weekly income	Aged					
	16-64		65 and over		All ages	
	%	cum. %	%	cum. %	%	cum. %
Up to £7 5s.	0.7		1.8		1.1	
£7 6s. to £7 19s.	1.5	2.2	4.2	6.0	2.6	3.7
£8 to £8 19s.	2.1	4.3	8.9	14.9	5.0	8.7
£9 to £10 19s.	8.8	13.1	31.5	46.4	18.4	27.1
£11 to £12 19s.	10.7	23.8	18.3	64.7	13.7	40.8
£13 to £14 19s.	10.7	34.5	10.5	75.2	10.3	51.1
£15 to £16 19s.	9.1	43.6	6.7	81.9	7.8	58.9
£17 and over	56.4	100.0	18.1	100.0	41.1	100.0
No. on which % based	3,425		2,750		6,339†	

* 'joint' income is the combined income of a married couple

† includes 164 persons with incomes of £17 or more for whom age is not known

- (b) for those living as members of someone else's household Single person £4 15s. 0d.‡
 Married couple £8 10s. 0d.‡
 ‡ including standard rent addition
 of 11s.

Thus all elderly persons living exclusively on flat rate retirement pensions would have been living below supplementary benefit standard, even if they were non-householders.

Table 42 shows that 2% of the single or widowed elderly had an income below the normal supplementary benefit requirement, both for householders and non-householders and a further 21% had an income of between £4 10s. 0d. and £4 19s. 0d. per week, which was below the normal requirement for householders, but could be up to 5s. below or up to 4s. above the requirement for non-householders.

As we have said before, further analyses are planned and will be reported on later. There can be little doubt, however, that the proportion of people with very low incomes is greater than for the non-impaired, even after allowance has been made for the impaired population containing a disproportionate number of elderly. It is difficult to get a direct comparison of income, but from income data collected in 1968 it can be calculated that, for all one-person households, 15% have a weekly income of under £6 (compared with 26% of impaired one-person households), and just over 40% have an income of £10 a week or more (compared with 15% of the impaired one-person households).§

One in three impaired single or widowed people with an income under £6 was living alone, as will be seen from Table 44.

Thus two out of three impaired people with a very low weekly income of less than £6 a week were living with others, mainly children or parents, who could be expected to subsidize them to some extent.

§ Family Expenditure Survey, Report for 1968, Department of Employment, Appendix VI.

TABLE 44

Household composition of people with single incomes of different amounts

Household composition	Weekly income			
	Under £6 %	£6-£8 19s. %	£9-£9 19s. %	£10 and over %
Living alone	31	62	53	41
Living with child(ren)				
married	29	9	8	11
unmarried independent	9	15	19	14
unmarried dependent	-	*	3	3
Parent	13	3	7	13
Sibling	12	5	7	7
Others	6	6	3	9
No. on which % based	2,078	2,167	227	895

* less than 0.5%

11.3 Entitlement to supplementary benefit

During the course of analysis the Department of Health and Social Security asked for advance information on particular items of immediate policy or administrative interest.

One problem which has puzzled successive ministers is why people with apparent entitlement to supplementary benefit were not claiming allowances, and the department asked if we could approach those who had an apparent entitlement to find out whether there was indeed such an entitlement, and, if so, why no application had been made.

A special study was designed in which headquarters and local staff of the department co-operated, and much of the information collected has been passed on to them. This study, together with a more detailed study of income, is reported on separately in part III of this study ⁽¹⁾

Other than this, it would seem that income would best be discussed in relation to conditions likely to be affected by income, rather than in splendid isolation. Paragraph 15.3 of the section on housing (Part II), and the introduction to the section on leisure (paragraph 19.2) are two such examples.

12.0 SUMMARY: SECTIONS 1-11

There are just over three million people aged 16 and over, living in private households in Great Britain, who have some physical, mental or sensory impairment, one and three-quarter million being elderly, and less than 100,000 under the age of 30. Wales and Yorkshire and Humberside have the highest proportion of impaired men, and London and the South East the lowest, while the highest proportion of impaired women are to be found in the South West.

The greatest single cause of impairment is arthritis, which affects 700,000 women and 200,000 men. More men than women suffer from coronary disease, bronchitis, emphysema, pneumoconiosis and other lung diseases, presumably partly due to greater exposure to industrial conditions.

Impairment does not always result in a person being handicapped; indeed the greater proportion of impaired men and women are able to carry out their

⁽¹⁾Income and Entitlement to Supplementary Benefit of Impaired People in Great Britain. HMSO.

usual everyday activities without any, or with only minor difficulty. It can be estimated that there are, living in private households,

25,000 people, mainly elderly women, so impaired as to need special care during the day, and usually some care at night,

130,000 people, again mainly elderly, and predominantly women, who cannot be left alone for lengthy periods during the day,

360,000 people who are severely handicapped, and

600,000 who are appreciably handicapped,

making a total of some 760,000 women and 370,000 men who are handicapped, 70% of whom are elderly (aged 65 or over), and only two in a 100 being under the age of 30.

The majority of people who have multiple sclerosis, Parkinson's disease, or who have had a cerebral haemorrhage are handicapped as a result of their conditions, many being very severely or severely handicapped.

Those with sciatica, skin and cellular tissue diseases and epilepsy are less likely to find their condition a handicap.

The effects of handicap on the housewife and the worker, and their housing are discussed in other sections of the report, but a brief comment seems appropriate here.

A few of those who are very severely handicapped are nevertheless working, as is one in three of those severely handicapped who are not housewives or retired, but over half of this group have been prematurely retired. Just over a third of the people of working age who have an appreciable handicap have been prematurely retired, but half of them are working in ordinary employment.

The housing of handicapped people is no older, nor more modern, than that of the general population of Great Britain, despite the fact that adequate housing is more important to the handicapped.

Between 35% and 40% of the handicapped are in receipt of supplementary benefit, and, on the whole, the incomes of handicapped and impaired people are lower than those for the general population.

One in five handicapped persons is living alone, and even one in 20 of those who need special care has no-one living with her, having to bang on walls to attract the attention of neighbours, provided they are at home, if help is needed during the day. Very few of these people use a telephone to call for help, and it will be shown elsewhere in the report that while one in five impaired persons living alone has a telephone, only one in eight housebound people living alone has a telephone in the household.

One in three people needing special care is widowed and living with children, most of the children being themselves married, and one in six with spouse and children, here the children being mostly single. Nearly one in three lives alone with a husband or wife.

It can be estimated that in the whole of Great Britain there are only 200 to 300 very severely handicapped men living alone, the estimate for women being some 8,000, nearly all these women being elderly, and the majority over 74 years of age. The estimate for the severely handicapped living alone is 10 times as great, including some 50,000 women aged 75 or over who are severely handicapped and living alone.

Half of the very severely and severely handicapped are seen regularly,

usually once a month, by their general practitioners, the elderly in Yorkshire and Humberside and Scotland being almost twice as likely to have regular visits as the elderly in Greater London. The rest send for, or visit, their doctors when they feel it to be necessary. Nearly 30% of all handicapped had not seen their doctor for at least three months prior to the interview.

This survey shows that 18% of the very severely handicapped are registered on the local authority register of substantially and permanently handicapped persons, as are 11% of the severely and 7% of the appreciably handicapped, but these are likely to be somewhat underestimates. Proportionately less elderly men and women who are handicapped are registered compared with the non-elderly, and the very severely and severely handicapped in East Anglia are twice as likely to be on the register as those with similar handicap in the Northern region.

That a high proportion of handicapped people are not on the local authority register does not mean that they do not receive local authority health and welfare services. Three out of four of the most handicapped people are helped by at least one of the health and welfare services, as is one in three of the other very severely handicapped. The health services provide most support, through the chiropody, home help and, particularly for the very severely handicapped, the home nursing services. District nurses visit nearly two in three of those needing day and night care, and two in five of the rest of the very severely handicapped, usually once a week.

Over half of the severely and two-thirds of the appreciably handicapped have no on-going local authority health or welfare service. Again, some of these will have been helped by the welfare departments with wheelchairs and walking aids, or with the installation of mechanical aids, ramps, and other housing adaptations, or have been provided with holidays or improved social opportunities, as will be seen from other sections of the report, but no regular contact seems to have been maintained.



THE IMPAIRED HOUSEWIFE

Research Assistant Elizabeth Cox

13.0 DEFINITION, MALE HOUSEWIVES, WOMEN WHO ARE NOT HOUSEWIVES

Little is known about the impaired housewife, since other studies have tended to concentrate on housing conditions, welfare services needed and ability for work. The difficulties encountered by impaired women running their own homes have not previously been quantified or described, nor, in fact, had the number of impaired housewives in Great Britain been estimated prior to this study.

13.1 Definition of housewife

Although the Sample Census 1966 defines the housewife as that member of the household who is responsible for the household shopping, there was no question in the Census on this subject, and the housewife was deduced by applying the following criteria: if the head of the household was female, she was the housewife; if the head of the household was an unmarried man, the eldest related female over 20 was the housewife; if there were no women over 20 in the household the head of the household was the housewife. For our purposes shopping was too limited a definition, and it was thought inadvisable to assume the status of housewife by the criteria based on the head of household as above.

The definition of housewife normally used by the Government Social Survey is 'the person, other than a domestic servant, who is responsible for most of the domestic duties'. By this definition the housewife may be male or female, and may be working outside the home.* Although this is a broader definition than that of the Census, and does not entail assumption, it was considered inadequate since it excludes those women who have had to relinquish their responsibility as housewife due solely to their disability. Further questions were therefore added to discover how many women would have been housewives by this definition if not for their disability. Thus the definition of housewife for this section is the person, other than a domestic servant, who does most of the household chores, or who would do most of them if not prevented by disability. Household chores have been taken as cooking, housework and shopping, and a person normally doing at least two of these as doing most of them. Housewives have then been divided into active housewives and non-active housewives: those who actually do the work, and those who cannot manage it because of disability.

It has been shown that 1,825,000 women in Great Britain have some impairment, and of these 360,000 are severely handicapped (categories 1 to 5). However, not all women are housewives, indeed not all housewives are women. In

* This definition of housewife should not be confused with that used in the section on working where, as far as labour status is concerned, a housewife is only so classified if she is not in paid employment.

fact, there are 644 men in our sample who claim that they do most of the household chores, and a further 205 men state that they would be doing their own housekeeping if it were not for their disability. Since there are proportionately few male housewives it has been decided to deal with them separately as follows.

13.2 Men doing their own household chores: active housewives

Nearly three-quarters of these men are widowed or single, over 80% of the widowers being aged 65 or over, while about half the bachelors are middle-aged. The 181 married men who say they are active housewives are mainly elderly, and the original data show that over two-thirds of the men doing their own chores have assumed this role due to their wives' inability to do the work themselves, as their wives are also in our sample of permanently impaired. In a small proportion of cases, their wives are not in their households, possibly because they are in hospitals or homes. Also, a few seem to have assumed the role of housewife because their wives are working and they themselves are forced to stay at home because of disability.

13.3 Men prevented from doing their household chores by disability: non-active housewives

Just over two-thirds of these men are elderly (over 65), over half of them being widowers. Of the 79 married men over half are elderly, while a further third are aged 50 to 64. It is possible that these married men misunderstood the purpose of the question which was to ascertain who would normally be the active housewife. They say that their wives do most of the chores because they themselves cannot do them because of disability. In fact, they probably mean (and in some cases state) that if not prevented by disability they would help with the chores, share them, rather than that they would do most of them themselves. Since about a third have wives who are also impaired, it does seem likely that they are just expressing a wish to be able to help with, rather than do most of, the housekeeping.

13.4 Women who are not housewives

Of the 7,548* women in our sample 1,174 (16%) are not responsible for their household duties. About half of them are elderly mothers living with their children, but there is a minority of young women who are living with their parents. There are also a few who live as boarders.

Of the 6,374 women who are housewives, 68% are active housewives doing most of their own housekeeping, although some of these have considerable difficulty.

14.0 WOMEN HOUSEWIVES: ACTIVE

14.1 Age and marital status

About half these active women housewives are married and a further 40% widowed, divorced or separated. Of the married housewives just over a third are aged 65 or over, some two-fifths are middle-aged and one in five is aged under 50. Of the widows about three-quarters are elderly, a rather lower proportion than in the general sample, as one would expect, since the older women are likely to be less active.†

* This excludes the 21 women who did not say whether or not they were housewives.

† Seventy-eight per cent of active widowed housewives are aged 65 or over, while 86% of all impaired widowed women are in this age group.

14.2 Degree of handicap

The proportion of women able to do most of their household chores varies, as would be expected, with their degree of handicap (see Table 45).

TABLE 45
Active women housewives, with varying degrees of handicap, as a proportion of all women housewives

Degree of handicap	Active women housewives as a proportion of all women housewives %	No. on which % based
Very severe 1-3	2.7	299
Severe 4	34.0	253
5	51.1	616
Appreciable 6	64.3	1,386
Minor/no 7	72.8	1,373
8a non-motor*	80.4	1,260
8b motor†	88.9	1,034
All impaired	68.3	6,374†

* The terms 'motor' and 'non-motor' have been used here for simplicity. Full details are given in Appendix D.

† includes 153 in categories 4 to 8 who cannot be classified precisely

Very few of those so handicapped as to need special care claim they are active housewives (only 3%) and these eight women are, in fact, in category 3. The reason for only 89% of category 8b (those with no difficulty looking after themselves) claiming they are active housewives will be discussed later.

14.3 Difficulties and limitations

Although an active housewife is defined as the person who does most of the household chores, some housewives may have difficulty, perhaps in one particular area. For example, a housewife may not be able to do any shopping but does the cooking and housework. Similarly the amount of each task she can do, or does do, may vary considerably as is shown in Table 46 below.

Thus, although nearly all active housewives do most of the cooking, only three-quarters do most of the housework, and two-thirds most of the shopping. Some 55% of all the women who are mainly responsible for household chores do most of all three chores, and about one in six does not do any of one task because of her disability. Shopping is the activity found by far the most difficult since some 16% say they are prevented from doing any because of disability. In fact, of the 3,050 housewives able to do most or all of their cooking and housework, just over one in 10 cannot do any shopping. The reasons for this will be discussed later.†

† Section 16, paragraph 16.4 (a).

The argument that quite a few women do manage to do most of their chores, but have considerable difficulties, is supported by the fact that one in 10 active housewives has been granted a home help by the authorities and another 3% have meals-on-wheels. Perhaps their difficulties are such that they manage only with the help of supportive services.

TABLE 46
The amount of cooking, housework and shopping done by active women housewives

Amount of task done	Cooking %	Housework %	Shopping %
All or most	96	74	65
About half	3	15	9
Only a little	1	9	10
None because of disability	*	2	16
No. on which % based†	4,167	4,167	4,167

* less than 0.5%

† excludes 185 to whom the question does not apply, or who did not answer

Some 12% of these active housewives are working, and for them there is the added difficulty of having less time in which to do everything. This may be important in the light of P. M. Howie's findings in 'A pilot study of disabled housewives in their kitchens'.† Although her study was only related to the kitchen activities involved in household chores, some of her findings are indicative of the difficulties entailed in all chores. She says,

"The disabled housewife either moves less frequently with rests between journeys, or takes longer to make each move (than the able-bodied housewife). Clearing the table involves longer journeys, and it is in this area of work that the disabled housewife takes more time, which points to slowness being a major inhibiting factor for the disabled housewife."

To summarize, there are 1,049,000 impaired women in Great Britain who are active housewives, of whom a considerable proportion are limited in the amount of housekeeping they are able to do.

15.0 WOMEN HOUSEWIVES: NON-ACTIVE

Nearly half a million women living in their own homes in Great Britain cannot do most of their household chores because of their disability.

15.1 Age and marital status

Nearly a third of all those responsible are prevented from being active housewives by their disability, some three-quarters of them being aged 65 or over, as can be seen from Table 47 below.

As would be expected from the general sample, there is a high proportion of elderly widows; in fact, they represent nearly two-fifths of all the women who cannot be active housewives because of their disability. Two out of three of the widows are aged 75 or over. Nearly a quarter of a million married women cannot do their chores, and two-fifths of these are aged under 65. For these disability is, perhaps, most distressing since they can no longer fully look after their husbands

† Issued by the Disabled Living Activities Group of the Central Council for the Disabled.

or families. On the other hand, they may be better off than some elderly, single or widowed disabled as they at least have husbands and possibly children who may be able to help them.

TABLE 47

Proportions, and estimates of the numbers in Great Britain, of married, single and widowed women in different age groups who are non-active housewives

Age group	Marital status							
	Married		Single		Widowed		All	
	%	Estimate	%	Estimate	%	Estimate	%	Estimate
16-49	5	23,000	1	7,000	*	†	6	32,000
50-64	14	66,000	3	14,000	3	15,000	20	96,000
65 and over	28	136,000	8	37,000	38	187,000	74	359,000
All ages	46	225,000	12	58,000	42	204,000	No. on which all %s based = 2,022	488,000†

* less than 0.5%

† number too small to estimate

‡ totals differ from sum of columns due to rounding

15.2 Household composition

One in five non-active housewives is living alone. Nearly half are living with their husbands, some two-thirds of these with their husbands only, and nearly one in five with their husbands and unmarried child(ren). One in three non-active housewives is living with someone other than her husband, mainly married children (9%) or unmarried children (12%).

15.3 Degree of handicap

Non-active women housewives are proportionately more severely handicapped than all the women in the sample, nearly two-thirds of them being in categories 1 to 6—those very severely, severely or appreciably handicapped—compared with two-fifths of all impaired women in these categories. Indeed, one in seven is in need of special care (categories 1 to 3) compared with one in 16 of all women.

As would be expected, the proportion of women who should be active housewives, but who cannot manage to do most of their chores, varies with degree of handicap (see Table 48).

As can be seen the great majority of those needing special care are prevented from doing their household chores because of disability, and a third of those severely handicapped, but not in need of special care (category 4), cannot be active housewives. A rather higher proportion of non-active housewives would be expected in category 8a than in 8b, since 8a defines those with no difficulties with self-care, but whose disorder may cause limitations other than purely 'motor' ones.

What is surprising, in fact, is the proportion in category 8b. As described previously, this category covers people who have no difficulty with self-care and

who have musculo-skeletal and neurological disorders only, *physically* disabling conditions such as arthritis and muscular dystrophy, and diseases of the central nervous system. Thus one would expect that, since those in this category have no difficulties as regards self-care and have motor disorders, they would be able to perform other activities, even if with some difficulty. Here, however, 115 women claim that they are prevented from doing most of their household chores because

TABLE 48
Proportions, and estimates of the numbers in Great Britain, of women with varying degrees of handicap who are non-active housewives

Degree of handicap	Non-active housewives		No. on which % based
	Estimate	As a proportion of all housewives %	
Very severe 1-3	70,000	97.3	299
Severe 4	41,000	66.0	253
5	74,000	48.9	616
Appreciable 6	122,000	35.7	1,386
Minor/no 7	92,000	27.2	1,373
8a non-motor	60,000	19.6	1,260
8b motor	28,000	11.1	1,034
All impaired	488,000*	31.7	6,374†

* total differs from sum of column due to rounding

† includes 153 in categories 4 to 8 who cannot be classified precisely

of their disability. This may be because, although able to do some action once or twice with no apparent difficulty, they cannot sustain the effort over a longer period of time. If one considers the main items of self-care—going to the lavatory, feeding oneself and dressing—these may involve a short walk or a little bending, but no such prolonged effort as is involved, for example, in vacuuming or sweeping, going out to the shops or standing to prepare food. It must also be remembered that the definition 'non-active' does not mean that the person concerned does *no* household chores, but that she has given up her status as active housewife to someone else who does most of them.

15.4 Main disability

Some 39% of the women who cannot do their housekeeping are suffering from diseases of the bones, 20% diseases of the circulatory system and 17% diseases of the central nervous system. Of the individual diseases, just over a third are suffering from some form of arthritis (mostly unspecified), nearly one in 10 has an eye disease or is blind, while about 8% have had strokes. Five per cent have coronary diseases and a further 5% have unspecified heart trouble.

15.5 Mobility

Just under a third of non-active housewives are housebound, including some 10% who are chairfast or bedfast. Of the 67% who are able to get out, two-fifths

only do so if someone is with them. It might be worth noting here that housewives in wheelchairs tend to be 'non-active', 34% of them not being able to do most of their household chores. Although the numbers are small the data do show that women housewives who use wheelchairs are less likely to be able to do their chores than other women housewives. Even though the proportion of women housewives using wheelchairs who cannot do their own chores does vary with degree of handicap, what seems to have an even more limiting effect is simply being in a wheelchair. Although one would expect wheelchair users to have more difficulty doing their housekeeping, it may be that, given the right environment, they could do more.

15.6 Support from family, friends and neighbours

Having described the characteristics of the women who are prevented by disability from being active housewives, one should next consider who does do their housekeeping. For those who cannot manage their housekeeping it may make a difference if the person helping them lives with them, or comes in regularly. To have to depend on neighbours or friends may be distasteful for those who would like to be independent, who do not like to ask people for 'favour', however willing the other person may be. It will also be interesting to see how far these disabled women are supported by their families, and whether the family member lives with them.

Those who cannot manage their own household chores because of disability, non-active housewives, were therefore asked who did do most of the chores (see Table 49 below).

TABLE 49

Person doing most of the household chores and whether inside or outside the household for those women who are non-active housewives

Person doing most of the chores	Inside the household %	Outside the household %	Both %
Husband	47	—	33
Daughter/son*	32	34	33
Sister/brother*	12	5	10
Other relative	5	5	5
Friend/neighbour	3	13	6
Person other than above	1	43	13
No. on which % based	1,380	611	1,991†

* includes in-laws

† excludes 31 not answering

Sixty-nine per cent of non-active housewives are helped by someone in their own household. As Table 49 shows, nearly half are helped by their husbands, and a further third by their daughters or sons. Other relatives helping are mainly sisters or brothers. Only a very small proportion are helped by their parents as would be expected since the sample contains such a high proportion of middle-aged and elderly persons. The great majority (96%) of those helped by someone within their own household are helped by a relative, and only 1% are helped by someone other than family, friends or neighbours.

Of the 611 women who are helped by someone outside the household just over two-thirds live alone. These 611 women have far less family support, less than half being helped by a relative. Proportionately more are helped by friends or neighbours (13%). The remaining 43% rely on the home help service or pay a domestic to do the chores.

To summarize, about four-fifths of these non-active housewives are supported and helped by their families, and a further 6% are supported by friends or neighbours. Those who rely on someone helping them who does not live with them are less likely to be helped by a family member.

15.7 Health and welfare services

Nearly a quarter of non-active housewives have some home helps, the great majority being for those aged 65 and over. In three out of four cases where the home help attends she does most of the chores. The cost, if any, to the recipients of this service is not known.* However, inability to do the housekeeping may possibly cause some financial hardship since the housewife's or her family's expenses may be increased by having to replace her services with paid help.

Just over one in 20 non-active housewives has meals-on-wheels, compared with one in 50 active housewives and women who are not housewives having this service. Since this section is concerned with the housewife, the welfare services most relevant are home helps and meals-on-wheels. However, it may be of some interest to consider the other supportive services these non-active housewives are receiving. One in 10 is on a local authority physically handicapped register, and just over half receive at least one of the health and welfare services. One in five has a district nurse calling and one in five the chiropody service. Some 8% have a health visitor and for 5% a social worker calls. A small proportion receive other services.

The data show, as would be expected, that the proportion of non-active women housewives who have none of the health and welfare services considered, decreases steadily from nearly 60% of those with no handicap to just over 40% of those severely handicapped, with a bigger decrease to about 30% for those needing special care. They also show that, for each of the categories, a higher proportion of non-active housewives has at least one of the health and welfare services compared with other women. The greatest difference is to be seen in the provision of home helps, where, for example, nearly a third of severely handicapped non-active housewives have a home help, compared with less than a fifth of other severely handicapped women. Even about a fifth of those non-active housewives with 'minor' or no handicap (categories 7 and 8) have a home help, compared with only 7% of other women in these categories.

Thus, to summarise, there are 488,000 women in Great Britain whose disability prevents them from being active housewives. The proportions in the categories denoting minor or no handicap (7 and 8) show that although these women may be able to take care of themselves adequately, even 'minor' impairments, by our definition, can disrupt their normal lives to the extent that they cannot do most of their housekeeping.

* It has been shown that in England and Wales nearly three-quarters of elderly cases and two-thirds of chronic sick cases either get the home help service free or have the charge refunded by the Department of Health and Social Security. See 'The Home Help Service in England and Wales', by Audrey Hunt, Government Social Survey Report, No. 407.

16.0 COOKING, HOUSEWORK, SHOPPING AND WASHING: ACTIVE AND NON-ACTIVE WOMEN HOUSEWIVES

16.1 Cooking, housework and shopping (comparatively)

The housewife has been defined as the person who does or would normally do most of the household chores, that is two of the three activities—cooking, housework and shopping. In some cases the responsibility for one activity would have devolved on some other person even if the housewife were not impaired. For example, in a married couple the husband may have made himself responsible for the shopping, while the wife does the cooking and housework. In our survey we found that, of those women who are housewives, 55 do not do any cooking, 49 do not do any housework and 95 do not do any shopping because someone else would do it for them anyway.

It has been said that, although many impaired women do most of their own housekeeping, some have considerable difficulty. Also, even those who have had to relinquish their role as an active housewife, do manage some items with difficulty. We should therefore consider the difficulties of both the active housewife, and the woman who would normally be active if not prevented by disability. Let us first see the proportion of cooking, housework and shopping that they do (Table 50).

Table 50: The amount of cooking, housework and shopping done by women housewives

Amount of task done by self	Cooking %	Housework %	Shopping %
All or most	78	52	47
About half	5	15	8
Only a little	6	18	10
None because of disability	11	15	35
No. on which % based*	6,219	6,260	6,143

* excludes those to whom the question does not apply or who did not answer

Although here we are not discussing men, the original data show that, while there is no difference in the proportion of housework done by men compared with women, a slightly lower proportion of men do all or most of the cooking, but a much higher proportion do all or most of the shopping (64% for men compared with 47% for women). Housework seems to be the activity most likely to be shared, nearly a third of both men and women doing about half or a little, whereas less than a fifth do this amount of cooking or shopping.

It has been shown that the proportion of women able to be active housewives varies with degree of handicap (Table 45). It would therefore be expected that the amount of cooking, housework and shopping women are able to do would also vary according to the severity of their handicap. Table 51 confirms this. The table again illustrates that even those with 'minor' handicaps may have severe limitations in the amount of housekeeping they can do. For example, one in three of category 7—those whose impairment presents little difficulty looking after themselves—says she does not do any shopping because of her disability, and, in fact, only 70% of category 8b say they do most of their shopping. For

Table 51: The amount of cooking, housework and shopping done by women housewives with varying degrees of handicap

Degree of handicap	Cooking amount done by self					Housework amount done by self					Shopping amount done by self				
	all or most %	about half %	only a little %	none because of dis- ability %	No. on which % based	all or most %	about half %	only a little %	none because of dis- ability %	No. on which % based	all or most %	about half %	only a little %	none because of dis- ability %	No. on which % based
Very severe 1-3	6	1	5	88	278	1	1	8	90	281	1	1	*	98	276
Severe 4-5	63	6	14	17	854	29	15	27	29	848	21	8	15	56	841
Appreciable 6	77	6	8	9	1,353	47	15	22	16	1,369	42	7	11	40	1,353
Minor/no 7	82	4	6	8	1,335	52	19	20	9	1,366	48	10	9	33	1,322
8a non-motor	86	6	4	4	1,233	62	14	17	7	1,226	61	8	12	19	1,199
8b motor	93	2	3	2	1,017	74	12	9	4	1,025	70	7	8	15	1,001
All impaired†	78	5	6	11	6,219	52	15	18	15	6,260	47	8	10	35	6,143

* less than 0.5%

† includes persons in categories 4 to 8 who cannot be classified precisely, but excludes those to whom the question does not apply or who did not answer

each category the highest proportion saying they cannot do any of an activity is for shopping, thus confirming that shopping is the activity which is most affected by impairment.

Although some measure of the difficulty of the three main household tasks has been given by comparing the proportions of women who say they cannot do any of a particular task because of their disability, this does not give any indication of the difficulties sustained by those who are able to do at least a little of the chore. The following paragraphs will therefore examine each chore separately, and show what difficulties each task involves, and how some of these difficulties are, or can be, overcome.

16.2 Cooking

(a) *Difficulties involved in the preparation of food*

Although 89% of those women responsible for the cooking say they do at least a little, a considerable proportion of these have difficulty with some of the actions involved, as can be seen from Table 52 below.

Table 52: Proportion of women housewives doing at least a little cooking who have difficulty with certain specified actions involved in the preparation of food

Action found difficult	%
Reaching up to shelves	44
Bending to the oven	37
Standing at cooker or to prepare food	35
Lifting pans from top of stove or oven	34
Opening screw-top bottles	34
Opening tins or cans	29
Beating eggs, stirring or mixing things	19
Cutting things up	17
Peeling, scraping or preparing vegetables	10
Other difficulty	4
Nothing difficult	28
No. on which % based	5,572*

* percentages add to more than 100 because more than 1 action may be difficult

Nearly three-quarters of these women find at least one action difficult, and just over a third find four or more actions difficult.

On the whole it is the grosser movements that are found most difficult—reaching, bending, lifting—although one in three finds the manipulation and grasp needed for opening screw tops difficult. Other difficulties include rolling pastry and rubbing in the fat, carrying plates and utensils between the various surfaces, difficulties due to the heat or steam, and specific difficulties of the blind and partially sighted such as not being able to see when food is cooked.

Just over 4,000 of the women who do at least a little of their cooking find one or more of these actions difficult. Of these one in 10 says that there are times when she has to go without a proper meal because there is no-one to get it for her and she cannot manage herself. For just under half this occurs less often than once a month, but for a fifth it occurs two or three times a week, and

for a further fifth about once a week. Although these two-fifths represent only 168 of the women in our sample, they do indicate that quite a large number of women in Great Britain have to go without a proper meal quite frequently, because of disability, despite the fact that 8% have meals-on-wheels. This situation could be alleviated by an extension of the meals-on-wheels service.

The 383 women who have difficulty with at least one kitchen activity, and do only a little cooking, were asked a further question to see whether they have limitations beyond having to go without a proper meal. The great majority (95%) say they can get themselves a snack meal—a boiled egg or a tin of soup—if it is necessary. Of the 17 women who cannot get a snack meal, two say they cannot manage to get themselves a cup of tea, even with difficulty—both of these women are in need of special care. One is aged 75, living with her husband, and suffering from cardiac thrombosis, arthritis and bronchitis. Her arthritis troubles her most and she has to use a wheelchair. Her daughter, who does not live with her, does most of the chores, although she has a home help for six hours a week who does a lot of the housework. She, herself, does no housework or shopping and although doing a little cooking has difficulty with nearly all the actions involved. Although she cannot make herself a cup of tea as she cannot grasp the kettle, she says she does not have to go without a proper meal since someone else gets it for her. The second woman is middle-aged, married and again suffering from arthritis and confined to a chair. She also does no housework or shopping and manages a little cooking only with extreme difficulty. Her husband does most of the chores with the aid of a home help four hours a week, but since he is blind this sometimes causes further difficulties. She, too, does not have to go without a proper meal.

(b) *Gadgets and alterations to make cooking easier*

All the women who do some cooking were asked whether they had any gadgets designed specially to help in the preparation of food. Some 14% say they have such gadgets. However, when the answers were examined it was found that very few specify articles designed *specially* to aid the disabled. The great majority are ordinary, commercial kitchen articles—electric mixers, whisks, mincers, can-openers, pressure-cookers, for example. Thus it would appear that many housewives, while not using special gadgets, in fact regard normal household appliances as such, indicating perhaps that these have been bought because of disability.

The other gadgets specified included special vegetable scrapers, 'long-arm' tin openers, spiked boards for holding bread and various aids for turning screw-taps and screw-top bottles. The gadgets range from ingenious adaptations to specially designed items from hospitals or physiotherapy departments. Two people have teapot stands that tilt so that they do not have to lift the pot to pour out tea. One woman has covered two bricks with adhesive plastic so that they will grip a bowl; another uses long fire-tongs to get cakes out of the oven. The way in which people adapt normal articles for special use is perhaps best illustrated by an elderly widow living alone, her left side paralysed by a stroke, who says, "I haven't anything special but I invent little things which help, like having small frying pans to make Yorkshire puddings in—they are easier than tins—I can grasp the handles. I keep a back scratcher in the kitchen too, for reaching and pushing things, and wind the washing-up cloth round it for washing up".

Apart from obtaining or devising gadgets to help them, some 7% of the women who do some cooking have made alterations or additions to the furniture, fittings or layout of the kitchen to make it easier for them to manage.

As can be seen from Table 53 below, chief among these is the fitting or moving of cupboards and shelves to a more convenient height, or making steps or raised areas so that high surfaces can be reached—some two-fifths doing this.

Table 53: Alterations or additions made to the furniture, fittings or layout of the kitchen by women housewives doing at least a little cooking

Alteration/fitting	%
Shelves moved to a more convenient height	41
Sink unit adapted	17
Cooker/refrigerator/washing-machine moved	13
Ordinary appliances installed	7
Appliances changed for others easier to handle	6
Cooker specially adapted	5
Other alterations	27
No. on which % based	414

About one in six has raised or adapted the sink and one in eight rearranged her cooker, refrigerator or washing-machine more conveniently. One woman, for example, has moved her stove nearer the working surface to make it easier to lift pans to it. Seven per cent have installed ordinary labour-saving appliances, and 6% have changed some appliance for another that is easier to handle.

Of the 27% who have had alterations or additions other than the above, one in 10 has put stools or chairs in the kitchen to enable her to sit down to do most of her chores. A few have changed handles or put in sliding doors, and several have made alterations to allow for easier movement—eliminating steps, removing all carpets and enlarging the kitchen for those in wheelchairs, for example. For the blind or partially sighted the kitchen is a particular source of difficulty. One woman has had a special light fitted on her cooker to show when the hot-plates are on, but even so she says she cannot really see this properly. Another, who is totally blind, hangs her utensils on hooks on the wall and always replaces them on the same hooks.

Thus, although nearly three-quarters of the women who do some of their own cooking find at least one action involved in the preparation of food difficult, only a small proportion have any special gadgets or have made any alterations to make it easier. As can be seen from the above some of the adaptations that have been made are very simple—merely using existing equipment for a different purpose. Others are ingenious but inexpensive like the bricks to steady a mixing bowl and the tilting tea-pot stands. Others can be obtained at low cost from physiotherapy departments. It seems that there is a lack of information about what is available for the disabled in the kitchen, and more could be done, centrally or by local authorities, to make the disabled housewife aware of equipment designed to help her, and the ways in which she can help herself. Also, as P. M.

Howie of King's College Hospital, London, points out* useful advice could be given to those who want to make alterations but have little idea of what to do.

16.3 Housework

(a) *The adequacy of support from family, friends, neighbours and welfare services*

As shown in Table 50, 15% of the women who would normally do the housework cannot do it because of their disability. Of these 967 women, 68% have family support and 62% have help from someone in their own household. Rather less of the women who cannot do their housework are helped by their husbands (some one in four) than the women who cannot do most of the household chores (non-active housewives) and proportionately more by home helps (29%) and domestic servants (6%). Much the same proportions are helped by other relatives. Other people who help include paid companion helps and landladies. Only one person says she has no help at all, and has to leave some of the housework, but as she is living with her husband and teenage son one might expect that they could give some help when needed.

Although virtually all these women are having help with their housework whether from their families, friends or the welfare service, we wanted to examine the adequacy of this help in terms of whether the disabled person thought it was satisfactory. Seventy-eight per cent find the existing arrangements satisfactory, while just over one in five (22%) says she would like more help.

Of those who do at least a little housework some two out of three say they have special difficulties due to their disability. Although the majority of the 3,504 women having difficulty say they can manage all right, quite a substantial proportion (21%) say they would like more help.

Thus of all women housewives, both active and non-active, about one in seven (15%) feels that the help given or provided is inadequate, or, where no help is provided, would welcome it. This proportion represents 930 women in the sample and an estimated 224,000 living in their own homes in Great Britain. However, as Table 54 below shows, one in four of these women does have a home help, some of them attending for more than seven hours a week.

Table 54: Proportion of women housewives who would like (more) help with the housework and whether they already have home helps attending for a certain number of hours per week

Hours home help attends per week	%
Less than 5 hours	18
5-7 hours	4
8 hours or more	3
Have no home help	75
No. on which % based	930

If we take, of those who already have home helps, those who have one for less than five hours a week as giving a reasonable demand for extra help since this means that on average the home help attends less than an hour a day in a

* A pilot study of disabled housewives in their kitchens, issued by the Disabled Living Activities Group of the Central Council for the Disabled.

working week, we find 701 women housewives who do not have home helps and would like help, and 170 who do have home helps but for less than five hours a week and would like more help.

Although recognising that there is a difference between demand and need, it has been shown that by asking a simple question one can get a good overall estimate of what to plan for, and that one way of establishing need is, in fact, to discover demand*.

We have found 871 women housewives who would like help, or would like more help if they already have a home help. Eight hundred and sixty-two of all the women housewives in the sample have home helps. Thus, in general terms this means that the existing home help service in Great Britain should be at least doubled to satisfy the demand of the handicapped and impaired. This does not disagree with other findings* † and may prove a more accurate estimate of need than it first appears.

(b) Household equipment

Obviously, those who have special difficulties with housework because of their disability will find even greater difficulty if they do not have any of the normal labour-saving devices. In fact, 90% of the women who do some housework use vacuum cleaners or carpet sweepers, and 39% have dusting attachments for the cleaner. Long-handled mops are used by 61%, but, as would be expected, only 3% use electric polishers (the same proportion as in Great Britain as a whole‡). Some 3% use other equipment, which includes such things as long feather dusters, washing up mops and several other gadgets with long handles for those who cannot reach. One middle-aged married woman, whose main problem is balance, has what she calls a 'helping-hand', a gadget which has a trigger-controlled pincer movement on one end, and a magnet on the other.

Six per cent of the women doing some housework have no such equipment. This means that back-breaking jobs like washing floors may have to be done without long-handled mops, and 'heavy' chores such as cleaning or brushing stairs, without any aids.

(c) Alterations to make housework easier

Only 6% of the women who are able to do at least a little housework have made any alterations or put in fittings to make it easier for them.

Of this six per cent just over one in four has had castors or wheels fitted to heavy furniture so that it can be moved easily for cleaning. About one in five has fitted carpets throughout the house so that the surrounds will not need polishing or mopping, and each room can be vacuumed over. Not everyone finds this the most convenient method. One woman has had parquet blocks laid to eliminate polishing the linoleum, while another has had fitted carpets removed and replaced by linoleum and rugs, which she finds easier to manage. A further one in five has changed her furniture, often old and heavy, to much lighter and

* Social Welfare for the Elderly, Volume, 1, by Amelia I. Harris, Government Social Survey Report, number 366.

† The Home Help Service in England and Wales, by Audrey Hunt, Government Social Survey Report, number 407.

‡ Audits of Great Britain Limited. Data collected for 30 June 1968. All A.G.B. data given is collected for households. All sample data is for persons. However, there is no significant difference between the number of persons in the particular sub-sample concerned and the number of households in this sub-sample.

more modern pieces which are both easier to move and easier to clean. In several cases this seems to cause distress; one woman of 68 regrets having "to get rid of" her heavy heirloom suite, and another, a widow, living alone, who has back trouble, feels the loss of her large feather bed which she had had for a number of years.

The above were the most common alterations or adaptations made. However, several people say they have changed knob handles to levers or ball catches, and others have raised electric sockets and light switches to waist height so that they do not have to bend. Quite a few have bought ordinary appliances to help them with their housework—spin-dryers, refrigerators, washing-machines, electric boilers—and two have bought a second vacuum cleaner so that they can have one upstairs and one downstairs. Others have had electric or gas fires or central heating installed, and one woman had changed an old-fashioned grate that needed blacking for a more modern tiled one.

Other alterations mentioned are ones to facilitate movement—making door entrances flat, taking up carpets and having only a minimum of furniture for those in wheelchairs, for example. Of the rest, most are simply to make housework less tiring: removing bric-a-brac and anything that is not strictly essential, selling or giving away brasses so they do not have to be polished, dividing a large sitting-room into two sections so that only one part needs cleaning each day.

As can be seen all alterations have been made either to minimise the amount of work that needs doing, or to make essential housework easier. As for cooking, only a small proportion of women who do the housework have made any alterations. However, this is not really surprising when one considers that many of the alterations specified above are major ones and some, such as raising electric points, need professional fitters. Thus, most of the ways in which housework can be made more manageable for the disabled are expensive, and it is probably financial help that is most needed by those who wish to do their own housework.

16.4 Shopping

(a) *Difficulties doing shopping*

Shopping has been shown as the task that women housewives find most difficult; about a third of those responsible for the shopping say their disability prevents them doing any at all. In fact, 4,055 women in our sample do do at least a little of their shopping, but a considerable number have either difficulty getting to or from shops or carrying the shopping. Two out of three say that carrying causes them difficulty, while just under half say that the problem is one of movement, or the distance to and from the shops. Five per cent specified other difficulties. Nearly a third of these 206 women say they have sensory difficulties; they cannot see goods on shelves, are afraid of being over-charged or short-changed, find they cannot hear the assistant's voice, and those with speech difficulties say it distresses them to have to write everything down. Another common difficulty is that of having to stand when they are in the shop, and several complain that there are very few shops with chairs for customers—a situation that can be easily remedied. A few say access is their biggest problem, and the fact that they cannot negotiate steps once they are inside the shop. Another physical difficulty is that of collecting change and picking up papers and stamps, and other actions involving fine hand movements for those with disorders such as arthritis.

The above are physical or sensory difficulties but quite a few women mention problems of an emotional or mental nature. Several are frightened that, because their disorder gives rise to forgetfulness, they will walk out of supermarkets or self-service stores without paying for their goods. Similarly, one married woman with two children says, "I often feel I'm going to pass out and have to go outside. I'll get had up one day for walking out with goods, but I usually go to the same shops and they know if they see me go out that I'll be back in a few minutes". Others have a fear that they may have another attack or get a 'dizzy spell' while out shopping and not be able to do anything about it. For a few there is a fear of crowds and some say they cannot cope with too many people.

A further aspect of the difficulties of impaired women when shopping is illustrated by the case of the woman quoted above. This is their dependence on the goodwill and understanding of the shop assistants, and their necessity to shop at the same stores, to go where they are known. One blind woman knows by heart where products are on the shelves, and for another the grocer sends someone round the store with her to help her choose her shopping. A wheelchair user cannot get her chair into the shops, but manages because the assistants come to the door to serve her. Another woman who has frequent blackouts is able to go shopping because the shopkeepers know her and have a telephone number to ring if she is ill.

As supermarkets become increasingly widespread, problems caused by the loss of personal service for women such as the above will become more difficult to surmount. Also, those with difficulty getting about, particularly wheelchair users, may find they cannot reach and grasp goods on the shelves. Also supermarkets often become crowded and the time queuing at the cash desk may be an overwhelming deterrent for some disabled shoppers. People such as these may be forced to use small local shops, and, because there may not be so many 'special offers', this may increase their living expenses. However, supermarkets do have compensating factors for the disabled shopper. Trolleys give support for those with ambulatory difficulties; it is easier to see goods on the shelves; for those with speech difficulties or who are hard of hearing there are no problems of communication; and those who are slow can take as much time choosing goods as they wish.

The above difficulties seem to indicate the reason for proportionately less women doing most or half of the shopping than doing the same amount of the other household tasks. Although the difficulties mentioned are those specified by women who do at least a little shopping it is not unreasonable to assume that similar difficulties prevent impaired housewives from doing any shopping at all. The main problems, getting to the shops and carrying the shopping, are physical ones, and, although difficulties of lifting and walking must limit ability to do chores within the house, there the limitation is not so great. Again, it is perhaps a question of being able to sustain the effort. Other difficulties are ones which will not occur, or only to a much lesser degree, in the home environment. The blind, for example, will be able to manage more easily in a situation which remains constant, where they know everything will be in the place they left it.

(b) Ways of overcoming difficulties with shopping

There are three main ways of overcoming or at least lessening the difficulties entailed in shopping. Difficulties of lifting or carrying can be lessened by using a basket-on-wheels, although the pulling or pushing of this also involves

some strain on the arm. The two other ways are ones which decrease the amount of shopping needing to be done or the amount to be done at any one time. A refrigerator can considerably help the woman with poor mobility although she may have difficulty carrying an increased load. For those with other problems the obvious solution is to have tradesmen calling. Table 55 below shows to what

Table 55: Proportion of women housewives doing at least a little shopping who have various facilities to help with the shopping

Facility	%
Refrigerator	49
Basket-on-wheels	24
Tradesmen delivering:	
most delivered	14
about half delivered	9
only a little delivered	20
No. on which % based	4,063*

* excludes those not answering

extent the women housewives who do some shopping make use of these facilities. As can be seen, almost half these women have refrigerators. This is a rather lower proportion than for Great Britain as a whole since 55% of all households in Great Britain have a refrigerator†. Of the one in four women who has a basket-on-wheels a very small proportion use pushchairs or prams for carrying their shopping. One woman with fibrositis, for example, says she finds a push-chair is more stable and gives more support for her back. Some two-fifths have shopping delivered or tradesmen calling (excluding milkmen). Although the delivery of shopping for the disabled would seem a very good service it may be argued that many people, especially in the older age groups, depend on shopping, as a form of social contact. Perhaps some women choose to do their own shopping, despite difficulties, since otherwise they would miss talking to the shopkeepers and actually seeing the choice of goods available. Since the greatest problems are getting to the shops and carrying the shopping, perhaps the real need is for better transport facilities. Also the special difficulties of the disabled doing shopping should be borne in mind when considering the rehousing of the impaired. As can be seen in the housing section, 21% of those who refused housing offered by the local authority did so because of difficulty of access to shops. Thus, the close proximity of, and easy access to, shops is essential.

16.5 Washing and laundry

Washing was not included as one of the basic chores since it is not usually a daily task as 'the big wash' is normally done once a week or less often. Also some 40% of households use laundries or launderettes for doing some of their washing.

(a) *How washing is done for women housewives with varying degrees of handicap*

Table 56 shows how impaired women housewives manage to get their washing done, and how this varies according to their degree of handicap. Although

† Audits of Great Britain Limited. Data collected for 30 June 1968. See footnote ‡, page 77.

not discussing men the original data show that of the 849 male housewives only one in four does all his washing himself, and a further one in four does some himself, compared to over a third of the women doing it all and nearly two-fifths

Table 56: How washing is done for women housewives with varying degrees of handicap

Degree of handicap	All done by self %	Some done by self %	All sent to laundry %	Some sent to laundry %	Other person does some/all %	No. on which % based
Very severe 1-3	1	6	4	23	94	283
Severe 4-5	19	39	3	33	63	860
Appreciable 6	32	42	2	26	47	1,380
Minor/no 7	37	39	2	27	41	1,372
8a non-motor	41	40	2	25	37	1,242
8b motor	53	36	1	28	21	1,026
All impaired	35	38	2	27	44	6,314*†

* includes persons in categories 4 to 8 who cannot be classified precisely, but excludes those who did not answer

† percentages add to more than 100 because washing may be done in more than one way

doing some of it themselves. About the same proportions of men and women send some or all of their washing to the laundry. However, a considerably higher proportion of men than women say that another person does some or all of their washing (58% for men compared with 44% for women). For over half of these 487 men this is because someone else would do it for them anyway, that is they are not responsible for doing their washing.

Although Table 56 gives an indication of how impaired women get their washing done, it does not give a complete picture. There are women, for example, who would send their washing to the laundry regardless of their disability and, as for men, others for whom someone else would do it anyway. Table 57 shows the proportion of women housewives who send their washing to the laundry because of disability, and for whom somebody else does the washing because they cannot manage it themselves.

Whereas just over half of those sending washing to the laundry do so because of their disability, nearly nine out of 10 have help with their washing for this reason. Even for the categories denoting no handicap (8a and 8b) some two-fifths of the women sending washing to the laundry do so because of disability. For the other categories this proportion is rather higher rising to nearly three out of four of the very severely handicapped. A far higher proportion in each category have someone to do their washing because of their disability, than send it to the laundry for this reason, the great majority of those with appreciable, severe or very severe handicaps (categories 1 to 6) doing this. This indicates that although a fair proportion of women would send washing to the laundry even if they were not impaired, most are reluctant to let another person do their washing unless it is really necessary.

Table 57: The reason for women housewives with varying degrees of handicap sending their washing to the laundry, and for someone else doing it for them

Degree of handicap	Reason for sending washing to the laundry			Reason for someone else doing washing		
	because of disability %	would send anyway %	No. on which % based	because of disability %	would do anyway %	No. on which % based
Very severe 1-3	73	27	74	95	5	265
Severe 4-5	66	34	297	94	6	536
Appreciable 6	60	40	386	93	7	650
Minor/no 7	48	52	395	85	15	562
8a non-motor	43	57	334	83	17	463
8b motor	39	61	302	74	26	217
All impaired	52	48	1,825*	89	11	2,740*

* includes persons in categories 4 to 8 who cannot be classified precisely, but excludes those who did not answer

(b) Extra cost of laundry

The women housewives who send their washing to the laundry because of disability were asked how much extra this costs them. A very small proportion say they have no extra expense because they make use of a free local authority laundry service. Of the women who do meet the extra expense themselves, nearly one in four is paying between 1s. and 2s. 11d. extra a week, nearly three out of five between 3s. and 7s. 11d. extra a week, and some 17% 8s. or more a week extra for their laundry because of disability. Table 58 below relates this extra cost of laundry to income, 'single' incomes being defined as those of single or widowed women, and 'joint' incomes as those for married couples. No detailed analysis is possible since the numbers are small, and the information should be treated with caution since it is difficult for a person to distinguish accurately between 'normal' cost and 'extra' cost.

Table 58: Extra cost of laundry because of disability for women housewives with different weekly incomes

Extra cost of laundry per week because of disability	Weekly income							
	'Single'				'Joint'			
	Less than £6 %	£6-£8 19s. %	£9 and over %	All incomes %	Less than £10 %	£10-£11 19s. %	£12-£16 19s. %	£17 and over %
1s.-2s. 11d.	21	36	25	33	14	14	14	6
3s.-7s. 11d.	63	54	57	54	73	64	67	60
8s.-12s. 11d.	10	6	11	8	6	19	11	29
13s. or more	6	4	7	5	7	3	8	5
No. on which % based*	134	278	56	468	73	65	77	112

* excludes those not answering

Table 58 shows that there is little significant variation in the extra cost of laundry paid by women with single incomes, particularly those paying 8s. or more a week extra. Similarly, those with joint incomes pay much the same in the lower income groups, although proportionately more of those with weekly incomes of £17 or more pay over 8s. a week extra for their laundry because of their disability. Women with joint incomes tend to pay more on the whole than those with single incomes.

(c) *Help with the washing*

Table 59 below shows who helps those women housewives who do not do some or all of their washing themselves because of their disability. Just over four out of five of these women have family support, mainly from daughters or sons.

Table 59: Person helping those women housewives who do not do some or all of their washing themselves because of disability

Person helping with washing	%
Husband	20
Daughter/son*	46
Sister/brother*	9
Other relative	6
Friend/neighbour	8
Home help	9
Paid domestic	2
Other person	1
No. on which % based	2,423†

* includes in-laws

† percentages add to more than 100 because the impaired person may be helped by a home help and by some other person

Some two-thirds of these children helping their mothers do not live with them but come in to help. Of the 9% who are helped by a home help, about one in five is also helped by some other person, mostly not in their household.

(d) *Difficulty doing the washing*

The previous paragraphs have described those women housewives who cannot manage, or do not wish to do, some or all of the washing themselves. However, one in three women housewives does all her washing herself, and nearly two out of five do some themselves (Table 56). Almost half of these women (47%) have difficulty either actually doing the washing, or carrying it to the launderette. As would be expected the proportion of those with difficulty varies with degree of handicap: three-quarters of the severely or very severely handicapped having difficulty (categories 1 to 5), nearly two-thirds of the appreciably handicapped having difficulty (category 6), and just over a third of those with minor or no handicaps having difficulty doing their washing or carrying it to the launderette.

(e) *Household appliances to help with washing, and use of the launderette*

Table 60 shows the proportion of women housewives, doing some or all of their washing, who have certain appliances to help them, and the proportion of a general population sample in Great Britain with such appliances. Just under half the impaired women housewives have washing machines compared with nearly two-thirds of the general sample. However, 10% more impaired women housewives have some kind of electrically-powered drying appliance. This may indicate that impaired women place greater importance on being able to dry clothes mechanically inside the house because of the difficulties of carrying and lifting wet washing to peg it on an outside line. A rather lower proportion of impaired women housewives have electric irons than do households in the general sample.

Table 60: The proportion of impaired women housewives doing some or all of their washing themselves who have household appliances compared with a general population sample in Great Britain with such appliances

Household appliance, use of launderette	Impaired women housewives %	General population sample* %
Electric iron	93	97
Washing machine	47	63
Spin/tumbler drier or electric drying cabinet	34	24
Use a launderette	18	not available
None of the above	5	not available
No. on which % based	4,616†	28,117

*Audits of Great Britain Limited. Data collected for 30 June 1968. See footnote ‡, page 77.

† excludes 8 not answering

About one in 20 impaired women housewives doing some or all of her washing herself has no such appliances, nor does she use the facilities of a launderette. This means that 233 women in our sample may be doing a heavy chore without any major labour-saving device. However, this may not be so great a disadvantage as it first appears since some of these women may be doing only a little of their own washing, and thus would not really require a washing machine or need to use a launderette.

17.0 CARE OF CHILDREN: WOMEN HOUSEWIVES WITH DEPENDENT CHILDREN UNDER 12

The impaired housewife with young dependent children is an instance where a physical impairment may cause emotional distress. The mother unable to look after her children may feel not only her own deprivation, but also that of her child. This survey takes only a preliminary look at these women, as to have measured such deprivation would have entailed deeper questioning than was possible, as the questionnaire was already extensive. However, all women with dependent children under 12 years old were asked a few questions about any special difficulties they have in taking care of their children because of their

disability. The responses to these questions enable us to estimate the size of the problem rather than to define its nature quantitatively.

17.1 Estimated numbers

Only 317 (4%) of the 7,569 women in the sample have dependent children under 12, which is not surprising since the sample has such a high proportion of elderly. Of these 317, 105 (33%) say they have difficulty looking after their children and were asked a further series of questions to see in what ways they are most limited.

It is therefore estimated that there are 76,000 impaired housewives living in their own homes in Great Britain, over three-quarters of them aged 30 to 49, who have dependent children under 12. Of these, 25,000 experience difficulty looking after their children because of their disability. Although it is encouraging that this number is comparatively small, it should be remembered that the distress that may be caused to the individuals is by no means small. It should also be remembered that even able-bodied housewives may have difficulty looking after their children.

17.2 Degree of handicap

In our sample, there are only three cases of very severely handicapped women who have dependent children under 12; all three have difficulty looking after them. Of those severely or appreciably handicapped (categories 4 to 6) 52% of those with dependent children have difficulty taking care of them, and 26% of those with minor or no handicap (categories 7 and 8). This last proportion may seem high for a group who have little or no difficulty taking care of themselves. However, activities concerning children are often strenuous and demanding, and even though a woman may be able to cope with looking after herself, the exigencies of young children may be beyond her.

17.3 Aspect of care found difficult

Certain aspects of looking after children may cause more difficulty than others. Table 61 shows those who have difficulty with specific activities as a proportion of all women with dependent children under 12.

If we first consider the physical needs of the child—feeding, washing,

Table 61: Proportion of impaired women housewives with dependent children under 12 who have difficulty with certain aspects of their care

Aspect of care found difficult	%
Feeding and getting meals	14
Washing/seeing they are clean	18
Getting them dressed/off to school	9
Playing with them/sharing their leisure	22
Problem other than the above	22
No difficulties	67
No. on which % based	313*†

* excludes 4 not answering

† percentages add to more than 100 because more than one aspect of care may be difficult

dressing—washing and seeing that the children are clean is the aspect of care found most difficult, nearly one in five of all those with dependent children saying this. This is not surprising as bathing involves prolonged bending, and, with young children, lifting them in and out of the bath. About one in seven has difficulty feeding the children and getting their meals. The aspect of care found least difficult is that of dressing the children and, where necessary, getting them off to school. This may be because it is a once-a-day activity, because the children can manage it themselves or simply because the mother buys or adapts clothing so that she can manage.

In most cases these physical needs are met, usually either with the husband's help, the help of older children or because the children are able to manage themselves. Although only four of the women who have difficulty looking after their children have home helps, it is difficult to see whether any provision could be made to ease the situation, since the real need is for help at specific times of the day (such as bedtime), and for quite short periods.

Playing with children and sharing their leisure is a different kind of activity; it is a psychological rather than a physical need on the part of both parent and child. Over a fifth of all the women with dependent children under 12 feel that they cannot share their children's leisure or play with them enough. The importance of this aspect of care for these mothers is emphasised by the answers given when they were asked what (else) they thought their child might lack because of their own disability. Some 22% specified other problems. One of the women needing special care puts it very simply, "Well there's nothing I can do except talk". Another says, "The little one is taken to the circus by her big sister—it hurts me, but I can't take her", and another remarks, "I can't play with them and lift them up in the same way. I get nazzie (nasty-tempered) and it seems unfair to them but I can't help it."

These answers illustrate both how much the mother feels she is depriving her child by not being able to share his or her leisure activities, and how she herself feels deprived by this. They also show that limitations imposed by disability are not only the physical ones—inability to run about, lack of mobility—but that perhaps the most important effect is a psychological or emotional one. Lack of patience, inability to stand much noise and easy depression, are, in a way, more disturbing to a woman with young children than purely physical restrictions.

Again it is difficult to see what can be done for these women since they would like, primarily, to be able to manage themselves. If we consider the cases of a blind woman who cannot take as full an interest as she would like in her child's school work because she cannot see it, and another woman with two slipped discs who is not sufficiently mobile to take her children out, the children of both these women are not deprived in the sense that, in the first case, the husband looks at the schoolwork, and in the second the children's grandmother takes them out. However, although they do have a substitute, this person cannot replace the mother.

It is unfortunate in the light of what we have found that impaired fathers with young dependent children were not asked what they thought they, or their children, lacked because of the parents' disability. It is not unreasonable to assume that the emotional and psychological effects would have been much the same as for the mothers.

17.4 Family composition: women with difficulty looking after their children

Whether a disabled mother can cope with the difficulties she has in looking after her children may depend on the ages of her children and whether or not she has sole responsibility for looking after them.

The great majority of the women who have difficulty looking after their children are living with their husbands. Of the 10 cases where there is no husband in the household, two are married women whose husbands are working away from home, one is single, and seven are widowed, divorced or separated. In two of these last seven cases there is another adult in the household.

Fifteen per cent of the women who have difficulty looking after their children have children aged under five only, 25% children aged five to 11 only, and 20% have children in both age groups, making 60% with children under 12 without any older children who might be able to help. Of the 40% with children over 12, about half also have children under five years old. Thus, of all the women with difficulty with child care, about two out of three have children under five years old. These children perhaps cause the greatest difficulty since most will need day-long care, and they are also too young to be able to do much for themselves.

17.5 Examples of women who have difficulty looking after their children

The cases below have been given to illustrate more fully how impaired women attempt to cope with young dependent children, and how their difficulties vary with degree of handicap. An example is also given where both parents are impaired.

(a) *Woman very severely handicapped (category 3)*

This woman aged 49 is living with her husband and three children, aged 17, 14 and 11. Her husband and eldest son are at home, either unemployed or sick. She has been suffering from a series of strokes for the last five years, and also has bronchitis each winter. She can get about the house and go out if accompanied by someone, but uses a walking frame and a wheelchair. She finds most aspects of self-care impossible, except for feeding herself and brushing her hair. She does none of the household chores and her husband does them all for her. Similarly, she cannot manage to look after her children and says that her husband has to do everything that they cannot manage themselves. He washes and irons their clothes, gets their meals and gets the youngest two off to school. When asked what she thinks her children lack because of her disability she says "I think they keep it all bottled up. They see me like this, going round the house, and I can't do anything for them, or join in. It's a terrible handicap for them."

(b) *Woman severely handicapped, but not in need of special care (category 4)*

This woman, aged 46, is living with her husband and two daughters aged 12 and nine. She has been suffering from multiple sclerosis for the last six years and is now becoming worse as she cannot stand without the aid of two sticks. She has a wheelchair but only uses this outside the house. She finds most aspects of self-care difficult, and having a bath or an all-over wash impossible. She has paid help to do all her chores because of her disability. She manages to get her children dressed and off to school but has difficulty feeding and washing the younger girl although she says she is now beginning to manage by herself, and the sisters help each other. She cannot play with them, and says, "They miss my taking them for walks, taking them to school. I could drive the car when I

was well—now they can only go out when my husband can take them. They have to do so much for themselves. They make me a cup of tea whereas I used to make it for them.”

(c) *Woman who is appreciably handicapped* (category 6)

This woman, aged 23, is living with her husband and three small children aged five, three and two. Her main complaint is thrombosis, but she also suffers from migraine and her nerves, and has had internal haemorrhages. She has no walking aids, but has difficulty getting in and out of bed, doing up her buttons and zips and brushing her hair. She does all or most of her household chores, but has considerable difficulties with each activity. However, she can get the children's meals without difficulty and can bath them, but has trouble dressing them and getting the eldest off to school. She says she does not know how she manages to cope, and she has to do a lot of her work at night. She feels her disability affects her children because, “I just can't *sit* with them or play with them. The difficulty is to settle down with them; because of my migraine my head is awful. I fall asleep half the time if I sit down. I'm never bright and cheery with them.”

(d) *Blind woman with no other impairment* (category 8a)

This woman, aged 31, is living with her husband and two sons aged six and two. She lost her sight when she was 21, and can only get out if accompanied either by her guide-dog or another person. She has no difficulties with self-care, and does all her own chores, only having a little difficulty with the washing. Her husband helps her serve some of the children's meals (he is working full-time) but otherwise she has no difficulty satisfying her children's physical needs. However, she feels she cannot share their leisure time enough. She seems to miss being able to sew for them, and has to give her mother, who lives nearby, any repairs their clothing might need. She says if her mother was not handy, “I would have been in a pickle at times”. She also comments, “I have a job telling whether bumps and scratches are bad or not. If I think it's serious I have to go and ask a neighbour to have a look at the damage, otherwise I have to take the children's word for it.”

(e) *Example where both parents are impaired*

This husband and wife are aged 42 and 33 respectively and have three children aged 10, six and one. They are both suffering from arthritis, the wife rheumatoid arthritis caused by rheumatic fever. Neither has any difficulties with self-care and so both would fall into our category 8b—those to whom impairment presents no difficulty in taking care of themselves and who have musculo-skeletal disorders. The husband works full-time. The wife does all her own chores, but has some difficulty with the washing and housework and carrying the shopping. She says the pain in her arms in the morning makes it impossible to get an early start. She is able to feed and wash her children without difficulty but has trouble getting the eldest two to school on time. She says she usually manages in the end as it just takes longer, and, although they are often late for school, the school understands her difficulties. When asked if she feels there is anything that prevents her from doing all she would like for them she says, “Patience, no patience. We nag them and one boy is a ‘loner’ and can't mix. We're in pain and can't be bothered and two of the boys always fight. Perhaps it's us—no patience with the youngest boy who can't talk. Just no patience and we nag them which we wouldn't if we weren't in pain.”

18.0 SUMMARY: SECTIONS 13-17

The housewife is defined as the person, other than a domestic servant, who does most of the household chores or would do most of them if not prevented by disability. An active housewife is one who is able to do the work, and a non-active housewife is one unable to do it because of disability.

There is a small proportion of impaired male housewives in Great Britain, and a minority of women who are not housewives (16%).

There are 1,537,000 impaired women housewives living in their own homes in Great Britain, of whom 488,000 are non-active, that is they are prevented by disability from doing their household chores. Although two-thirds of women housewives are active, it has been shown that they may have considerable difficulties. The non-active housewives are mainly helped by their families, some four-fifths having family support.

The amount of the individual tasks a housewife can do varies with degree of handicap, but shopping is found consistently to be the household chore most affected by disability. Many women housewives able to do at least a little housework or shopping have difficulty with the task concerned but proportionately few have obtained gadgets or made fitments or alterations to ease their difficulties. There is a need for a more efficient dissemination of information about what is available for, and can be done for, the impaired housewife. There is a considerable demand for help with housework, or for more help if the housewife already has a home help. The home help service would need to be at least doubled to meet this demand.

Washing is not included as a basic chore. The proportions of impaired women housewives doing some or all of their washing themselves, sending some or all to the laundry, and for whom someone else does the washing vary, as would be expected, with the severity of their handicap. An estimated 203,000 impaired women housewives living in their own homes in Great Britain have increased expenses because they have to send washing to the laundry. Those who cannot manage some or all of their washing are most likely to be helped by a daughter or son.

Twenty-five thousand of the 76,000 impaired women housewives in Great Britain with dependent children under 12 have some special difficulty looking after them because of their disability. The most common problems are of an emotional or mental nature, and it is difficult to see what provision, if any, could be made to help these women.



LEISURE ACTIVITIES OF IMPAIRED PERSONS

Research Assistant Christopher R. W. Smith

19.0 INTRODUCTION

Interest in leisure which reached a peak in the 1930's has recently been mounting again with the realization that it is not a peripheral aspect of life but one of central and increasing importance, and one that the advanced industrial societies must plan for in the future. Within the last few years two major national surveys on the subject have been conducted in this country.* We hope that we may here be able to add some useful information on the leisure pattern of a particular group who might be considered 'at risk'.

In a broad study of the handicapped and impaired in Great Britain we could not hope to cover all aspects in the detail they might require. One area that has to some extent suffered as a result of the breadth of interest—and one that may justify further more detailed examination—is that involving leisure time activities. Our questionnaire included a section designed to cover what we considered to be the main components of leisure for an impaired population (questions 34 to 41). The subjects dealt with are

- knowledge and use of local authority centres for the physically handicapped
- club activity
- holidays
- hobbies and other leisure pursuits (including those which have had to be given up as a result of disability)

Subjects were also asked whether there was anywhere that they wanted to go but were prevented from going as a result of their respective conditions. Here we touched on the problem of 'access'.

The data obtained from replies to the questions in this section are analysed in detail below.

In addition, at other points in the interview information directly relevant to the leisure pattern was collected (questions 32, 33 and 147 which deal with the availability of radio and television receivers and telephones). Other questions have elicited further information which indirectly reflects attitudes to the use of, or inability to use, free time.

Before the more detailed analysis, we have included immediately below an introductory section which covers the concept of leisure for a predominantly old

* 'Pilot National Recreation Survey' (Part one 1967; Part two 1969)—a collaborative study mounted by the British Tourist Authority and the University of Keele.

'Planning for Leisure' (HMSO 1969)—undertaken by K. K. Sillitoe of this Division. The national sample for this survey was drawn from the general population in the *urban* areas of England and Wales, excluding inner London. For the purposes of this study an urban area was defined as one with a minimum total population of 6,000 households and a minimum density of six persons to the acre, according to the 1961 Census.

population* and in which our sample is described in a way that we hope will prove useful to all those interested in the leisure pattern of the impaired.

19.1 The concept of 'leisure' for the old and the impaired

Dictionary definitions of 'leisure' consistently use the term 'free time'. For our purposes, perhaps it would be more useful to approach the concept from the other direction by asking ourselves what we can rule out: what is 'committed time'?

The three essential elements of committed time are periods spent in

- (i) sleep
- (ii) work
- (iii) household chores and other functions of daily living.

We include in 'work' time spent in travelling to and fro between the home and the work situation. The third element includes such time consumers as cooking and eating.

The time remaining after the necessary allocation of time to these three components of committed time may be described as 'free' or, more accurately, 'disposable'. Not all free time need be devoted to leisure. Indeed, there will probably be some voluntary allocation of free time to extra sleep or work.

Not only is the individual's amount of disposable time determined by his working status and position in the household structure, but also his ability to allocate that time between competing ends will depend fundamentally on his physical (and mental) health.

One may assume that, since they have special work, household responsibility and 'capability' patterns, the old and the impaired have peculiar disposable time patterns and, even though age or incapacity may force them to take longer over the elements of committed time in which they are still involved, that they have above average amounts of free time at their disposal. However, old age and incapacity will limit the uses to which this extra free time can be put. The old and the impaired may be compelled to alter the way in which they use their leisure, to give up former hobbies and interests and to take up less active pursuits. Fifty-nine per cent of our whole impaired sample and 70% of those with an appreciable or more severe handicap have, as a result of their disability, had to give up leisure activities which they formerly enjoyed.

For the old and the impaired the problem of 'filling' free time is partly solved in that things take longer to do anyway. However, one cannot ignore the issue of the quality of the leisure they have, for this, to some extent, is itself a measure of the quality of life.† More than half of those who say they miss something as a result of being disabled give answers that demonstrate a sense of deprivation in the ability to use leisure time.

Ideally, leisure may be seen as providing an antithesis to working for a living or to the performance of social role obligations. It should also, presumably, be pleasant both in prospect and in retrospect, but, if this is true leisure, the problem for the old and the impaired is serious.

* Fifty-eight per cent of our impaired sample are aged 65 or over. Almost two-thirds of all those with an appreciable or more severe handicap (i.e. in categories 1 to 6) are elderly.

† Another comparative measure of 'quality of life' that has been used for special groups is the incidence of suicide. The positive correlation of suicide with age and physical incapacity is recognized.

The man who leaves work, either at 65 or earlier, loses not only financially but socially in that he is deprived of vital contacts with the 'real' world and has nothing concrete against which to compare his leisure. The housewife who is unable to fulfil her role in the household is in a similarly frustrating position. Leisure cannot supply all the pleasure that the absence of work or a clearly perceived role denies.

If leisure should be pleasant this, for the general population, rules out of the leisure concept all periods of sickness. So, can the permanently disabled have leisure at all?

Essential to a pleasant appreciation of leisure is the feeling of 'freedom', both freedom *from* and freedom *for*. To what extent does leisure for the old and the impaired mean freedom *from* the performance of roles that they enjoyed fulfilling and freedom *for* enforced idleness, at worst 'vegetation'?

The problem does not end there, however, for the enjoyment of leisure will be affected by the lack of an adequate income and the security that this would provide. There are, of course, leisure pursuits which do not require a cash outlay but these usually depend on interests, ambitions or fitness. The old and the impaired are by definition not fit. And, since interests and ambitions depend on an already existent social status, on the nature of the individual's whole relationship to his environment, there is a limit to the extent to which they can grow *ad hoc*.

As far as our predominantly old impaired sample is concerned, the expected picture is one of a population with above-average amounts of disposable time and with correspondingly larger amounts of leisure time but frustrated physically, mentally, environmentally and financially from fully enjoying this extra free time.

Although we did not include questions on attitudes to the use of free time, we can, at least, attempt to quantify the proportions within our sample who are likely to feel the effect of the lack of a full work or role commitment and also the proportions who are restricted by handicap in their ability to use their free time at will. This is part of the purpose of including the following special description of the sample.

19.2 Description of the sample (with reference to factors affecting the availability and use of free time)

In this section we are concerned with describing our impaired sample in terms of the main factors that might be expected to affect, either directly or indirectly, the amount of disposable time available for allocation to leisure or the ability to utilize this free time. These factors may be classified in three main groups:

- (i) Mobility—this includes the degree of handicap, the mobility of the individual in terms of restriction on egress and 'automobility'*

* "... access to a car is probably the most powerful of all influences on the use of leisure. Its importance is twofold: it is itself a piece of leisure equipment, making possible the day in the country or at the seaside, but also it very greatly stimulates the recreational appetite over almost the whole range of activities." (Brian Rodgers: author of 'The Pilot National Recreation Survey' and 'Leisure and Recreation')

For the old and the impaired there are obviously problems here. Not least that for these groups access to a car may be more often than not 'indirect'. Also if 'car availability' is used in analysis the problem of socio-economic group bias is immediately introduced.

- (ii) Domestic situation—marital status and possession of dependent children (also includes 'isolation')
- (iii) Working status/household responsibility—those who have a commitment either outside or inside the household or both.

Two other factors might also be presumed to affect the use of free time: education and income.

Inasmuch as these factors may affect the leisure pattern, our sample is described in these terms below. Some tables that appear either in the same or in a similar form elsewhere in the report are included here or in Appendix A for

TABLE 62

Proportions of impaired men, impaired women and impaired persons of both sexes aged 16 and over living in private households in Great Britain in five age groups, with comparative proportions of the general population (Sample Census 1966)

Age group	Men		Women		Men and women	
	Impaired %	G.B. (census) %	Impaired %	G.B. (census) %	Impaired %	G.B. (census) %
16-29	4.0	26.9	2.1	23.9	2.9	25.3
30-49	15.9	34.9	9.3	32.1	11.9	33.4
50-64	32.1	25.1	23.7	24.7	27.1	24.9
65-74	28.5	9.0	30.6	11.9	29.8	10.5
75 and over	19.5	4.1	34.2	7.4	28.2	5.9
No. on which % based	5,169	18,696,490	7,569	20,688,390	12,738	39,384,880

TABLE 63

Age and sex composition of the impaired sample, compared with the general population of Great Britain (Sample Census, 1966)

Age group	Impaired			Census		
	Men %	Women %	Men and women %	Men %	Women %	Men and women %
16-29	1.6	1.3	2.9	12.8	12.6	25.3
30-49	6.4	5.5	11.9	16.6	16.8	33.4
50-64	13.0	14.1	27.1	11.9	13.0	24.9
65-74	11.6	18.2	29.8	4.3	6.2	10.5
75 and over	7.9	20.3	28.2	1.9	3.9	5.9
All men/ women	40.6	59.4	100.0	47.5	52.5	100.0
No. on which % based	12,738			39,384,880		

the convenience of the reader. However, in places we shall direct the reader who requires more detailed information on a particular topic to other major sections of the report, for example those dealing with 'work' and 'housework'.

Tables 62 and 63 compare the age and sex composition of our impaired sample with that of the general population.

It is at once apparent that our sample contains a comparatively large proportion of old people. In Table 62 we see that 58% of our sample are aged 65

or over whereas only 16.4% of the general population of Great Britain aged 16 or over are in this age group. For men the proportion is 48% compared with 13.1%, and for women 64.8% as against 19.3%.

Table 63, which compares the proportions of our total impaired sample in the various age-sex groups with the proportions of the total adult population of Great Britain in corresponding groups, shows that whilst only 6.2% of the general population are men aged 65 or over, 19.5% of the impaired are in this group. As for women, although only 10.1% of the general population are women aged 65 or over, 38.5% of the impaired are elderly women.

Tables 64 and 65 are designed as summary tables to illustrate the relative importance of the first two factor groups—'mobility' and 'domestic situation'—to the various age-sex groups in the sample.

The first factor covered in Table 64 is the degree of handicap which is here illustrated by the proportion within each age-sex group who are in handicap categories 1 to 6 (i.e. either 'very severely handicapped', 'severely handicapped' or 'appreciably handicapped').* Twenty-eight per cent of all impaired men and 41% of the impaired women have an appreciable or more severe handicap. The tendency for handicap to increase with age is apparent. Only for one age-sex group, men aged 16 to 29, do the handicapped constitute less than a fifth of the total. The group with the highest proportion handicapped is women aged 75 and over in which 46% have an appreciable or more severe handicap. These figures are misleading to the extent that they hide the relatively severe handicap of the youngest age group which is reflected in the comparatively high proportion who cannot get out of the house on their own.†

Table 64 also gives the proportion within each age-sex group who are 'housebound' and the proportion who, although not housebound, are dependent on someone else's help for egress.‡

The vast majority of men and women in the sample are not housebound. Only 8% of all the men are housebound and 17% of the women. The age-sex group with the highest proportion housebound is women aged 75 and over in which the housebound constitute almost a third. In only two other age-sex groups do the housebound form as much as a tenth—men aged 75 and over and women aged 65 to 74. At all ages the women are more likely to be housebound than the men.

If we take the housebound together with those dependent on others for egress as a group, we find that 14% of the men and 31% of the women are restricted to the extent that they cannot get out of the house on their own. The relatively severe handicap of the youngest age group—particularly the young women—is reflected in their limited mobility. Almost half of the women 75 or over are either housebound or dependent on others for egress.

The figure given in Table 64 to illustrate auto-mobility is the proportion of the non-housebound in each age-sex group who have either no vehicle in the

* For an explanation of the methods used to categorize degree of handicap and for definitions of the various categories see Appendix D.

† A full table showing the relationship between age and degree of handicap is included in Appendix A (Table A X, page 237).

‡ A fuller table showing the relationship between age and mobility is included in Appendix A (Table A XI, page 238).

TABLE 64
Some characteristics of the various age-sex groups in the sample that reflect 'handicap', 'mobility' and 'auto-mobility'

Characteristic %	Men aged					Women aged						
	16-29	30-49	50-64	65-74	75 and over	All men	16-29	30-49	50-64	65-74	75 and over	All women
Handicapped (categories 1 to 6)	19	21	26	30	36	28	22	29	39	42	46	41
Housebound	*	1	4	9	18	8	4	5	7	13	32	17
Dependent on others for egress	5	5	4	6	10	6	20	10	11	13	18	14
of non-housebound without a vehicle or driver in the house- hold	49	45	56	74	69	61	52	44	63	76	77	69
No. in age-sex group	208	816	1,662	1,477	1,007	5,170	161	704	1,794	2,319	2,591	7,569

* less than 1%

† proportions are not all derived from a full base

TABLE 65
Some characteristics of the various age-sex groups in the sample that illustrate variations in domestic situation

Characteristic %	Men aged						Women aged					
	16-29	30-49	50-64	65-74	75 and over	All men	16-29	30-49	50-64	65-74	75 and over	All women
Married With own children aged under 15 living with them Living alone	20	79	86	74	53	74	35	73	64	44	16	42
	19 2	52 3	10 7	1 12	— 23	13 11	27 1	44 4	3 18	— 33	— 39	5 28
No. in age-sex group*	208	816	1,662	1,477	1,007	5,170	161	704	1,794	2,319	2,591	7,569

* proportions are not all derived from a full base

household or no driver to take them out in an available vehicle.* There is almost no difference between the sexes in the proportions auto-mobile, but there is some variation between the age groups. A majority of impaired men aged under 50 and impaired women between 30 and 49 are auto-mobile but, as is to be expected, the old, especially old women, are much less mobile in this respect even if they are not housebound.

As far as handicap and mobility are concerned, we can say that women in our sample are comparatively more handicapped and less mobile at all ages than are the men. Also, handicap increases and mobility decreases with age except that the young men, and, more particularly, the young women aged 16 to 29 are more restricted in these respects than are those slightly older, 30 to 49.

It has been suggested that the best unit to use for examining leisure patterns is not the individual but the family. Undoubtedly, leisure is an aspect of life in which the whole family can be involved as one and in which family life can be enjoyed. At the same time, the position of the individual within the family structure can involve responsibilities which influence his use of leisure.

Table 65 illustrates variations in the 'domestic situation' of the age-sex groups in the sample.

Almost three-quarters of the men in the sample are married compared with 42% of the women. Although a higher proportion of women than men in the youngest age group are married, for all other age groups the proportion of men who are married is higher than that for the women. The majority of men aged 30 or over are married. For women, the majority of those in the 65 to 74 age group are 'non-marrieds' and only 16% of those 75 or over are married (compared with 53% of men aged 75 or over).†

Although only 6% of women and 13% of men have dependent children aged under 15 living with them, in some age-sex groups the proportion with dependent children constitutes a sizeable minority and in one group a majority. Forty-four per cent of women aged 30 to 49 have dependent children and 27% of those aged 16 to 29. For men, 19% of those aged 16 to 29 have dependent children and 52% of those aged 30 to 49.

Since we did not include a question on the frequency of visits from friends and relatives, the only test of 'isolation' that we can use is the proportion who are living alone. Again, this is a more important problem for women than for men. Twenty-eight per cent of all impaired women live alone compared with 11% of the men. There is a marked trend with age in the proportions living alone. The overwhelming majority of the younger age groups live with others but more than a fifth of the men aged 75 or over and more than a third of women aged 65 to 74 and 75 or over live on their own.

We have included Table 66 to illustrate variations between the age-sex groups in the proportions with various degrees of work and household responsibility. As is to be expected, far more men are working than are women. Almost a third

* A more detailed table giving various levels of auto-mobility is included in Appendix A (Table A XII, page 239). It will be seen that a majority of the non-housebound in each age-sex group are auto-mobile to the extent that, even if they have no vehicle in the household or no driver to take them out in an available vehicle, they say that they can 'get a lift' whenever they require one. This kind of access to a vehicle is too indirect to be seen as providing real mobility.

† A table comparing the marital status composition of the age-sex groups in our sample with the corresponding age-sex groups in the general population is provided in Appendix A (Table A XIII, page 240).

TABLE 66
Proportions within the various age-sex groups in the sample with various degrees of work/household responsibility

Work/household responsibility	Men aged						Women aged					
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All men %	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All women %
Working† and doing most of household chores but <i>not</i> doing most of household chores	2	3	3	*	—	2	2	25	13	2	—	7
	68	66	44	10	1	31	43	7	4	*	*	2
	*	2	6	15	22	10	21	47	59	60	41	51
Not working but doing most of household chores and <i>not</i> doing most of household chores	30	29	47	75	77	57	34	21	24	38	59	40
No. on which % based	200	797	1,636	1,460	1,001	5,095	157	684	1,745	2,300	2,577	7,464

* less than one per cent

† includes those in occupational centre

of the men are working compared with less than a tenth of the women. Within each age group apart from the youngest the proportion of men who are working is at least twice as high as the corresponding proportion for women. Only in the youngest age group does the proportion of women working reach a third, whereas in the two youngest age groups two-thirds of the men are at work. Moreover, the women who are working tend to work shorter hours or 'part-time'. However, whereas the majority of working men in all age groups have no 'major' commitment to household chores, working women, except for those aged 16 to 29, tend to do most of the household chores in addition to working.*

Probably the most interesting figures—and meaningful in regard to the amount of disposable time available—are those for the proportions who are *not* working and who have no major household responsibility. Fifty-seven per cent of impaired men are in this position compared with 40% of the women. Generally, these proportions—representing those with maximum disposable time—tend to rise with age and to be higher for men than for women. The only exception is for the youngest age group. This is mainly the result of the presence of mothers in the household who are responsible for doing the chores. Three-quarters of elderly men have considerable amounts of disposable time on their hands. Elderly women have comparatively less free time since they continue to perform most of the household chores.

Table 67 illustrates the work and household responsibility patterns for

TABLE 67
Work/household responsibility patterns for the various handicap groups

Work/household responsibility	Degree of handicap					
	Very severe handicap %	Severe handicap %	Appreciable handicap %	Handicapped (categories 1 to 6) %	Minor/no handicap %	All impaired %
Working† and doing most of household chores	—	3	4	3	6	5
but <i>not</i> doing most of household chores	2	4	10	7	17	14
Not working but doing most of household chores	1	26	37	29	39	35
and <i>not</i> doing most of household chores	97	66	49	61	39	47
No. on which % based	649	1,418	2,451	4,518	7,704	12,692

Proportions do not in all cases add to a hundred due to rounding.

† includes those in occupational centre

various handicap groups in our sample. Almost all the very severely handicapped and two-thirds of the severely handicapped have no work commitment and no

* By 'most' of the household chores we mean at least *two* of the following: housework, shopping, cooking.

major household responsibility and thus considerable amounts of free time. For those with an appreciable handicap the corresponding proportion is 49%. Thus, six in 10 impaired persons with an appreciable or more severe handicap are in the group with maximum disposable time. This compares with four in 10 of those impaired who have no handicap or only a minor one.

The amount of free time available to the individual is undoubtedly partly the reflection of the severity of his handicap. The person with apparently ample amounts of free time in the sense that he has no work or household commitment will, at the same time, be more likely to be restricted by handicap in the ways in which he can devote that free time. Although the very severely handicapped constitute only 5% of the impaired sample they form a tenth of those with no work or household responsibility. Forty-seven per cent of those with considerable amounts of free time have an appreciable or more severe handicap (compared with 36% of the whole impaired sample).

In discussing the concept of leisure above, we mentioned the problems for men of early retirement and for women of frustration in the inability to perform household roles. To demonstrate the possible extent of the problem for impaired men, 13% of the men in our sample are aged under 65 but permanently disabled and unable to work again. A further 16% are now over retirement age having given up work before the age of 65. Thus, 29% of the men in our sample who are no longer economically active have had to give up work prior to retirement age. In most cases this was as a result of disability.

Table 68 gives the proportions of men now permanently out of the work force aged under 65 and those aged 65 or over who gave up work at different ages. As is to be expected, half of those retiring early have worked at least to the age

TABLE 68
Proportions of impaired men aged 16 to 64, 65 and over
and of all impaired men now permanently out of the work
force who have given up work at various ages

Age at which gave up work	Impaired men now permanently out of work force aged		
	16-64 %	65 and over %	All ages %
Never worked	6	*	1
Under 20 years	1	—	1
20-29	3	*	1
30-39	7	—	2
40-49	16	1	4
50-54	17	3	6
55-59	30	6	11
60-64	20	26	25
65-69		46	35
70-74		13	10
75 and over		5	4
No. on which % based	691	2,320	3,011

* less than 1%

of 60. However, one quarter of all men now out of the work force have had to give up work before they reached this age.*

As for the effect of impairment on women's ability to perform household roles, Table 69 shows the proportions of women who are, or who should by their own admission be 'housewives' to the extent of performing most if not all of the household chores, who are able or unable to remain 'active'. Although a majority of housewives at all ages are active, sizeable minorities of older women are forced as a result of their disability to be non-active. Almost a third of housewives aged 65 to 74 are non-active and as many as four in 10 of those aged 75 or over. In national terms there are some 490,000 impaired non-active housewives in Great Britain.†

TABLE 69

Proportions of female impaired 'housewives'‡ in various age groups who are 'active' in that they are able to perform most of the household chores or 'non-active' in that they are prevented by their disability from performing most of the household chores

Active/ non-active	Housewives aged					
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %
Active	(57)	80	77	68	57	68
Non-active	(13)	20	23	32	43	32
Number on which % based	(70)	630	1,699	2,111	1,864	6,374

() enclose sample numbers where the base is too small to percentage on

‡ Housewives are those who perform most of the household chores or those who should do but are prevented from doing so by their disability. Women who do not do most of the chores because someone else in the household would have that responsibility anyway are treated as 'non-housewives'.

Two other influences on the use of leisure time remain to be covered: education and income.

Due to fundamental changes in the educational system over the century it is difficult to get an adequate comparative measure of 'education' for our sample. The age of leaving school is obviously ruled out because of the statutory changes in the school leaving age. We have here used the level of 'qualification or skill' attained. This takes into account the acquisition of qualifications or skills both at school and after leaving school. The young have had more opportunity to acquire qualifications at school but, on the other hand, the older members of our sample have usually not had their disability early in life and have had opportunities of gaining skills outside school over a longer period. However, if we take the proportion who have no qualifications or skills this does tend to favour men since, even if they gained none from formal education when young, they have more opportunity than women of acquiring skills and paper qualifications at

* For a fuller discussion of the work and retirement patterns of the impaired see the sections on work and education in the second part of this report.

† For further information on the disabled housewife see the section on the housewife (sections 13 to 18).

work or in the Forces. Table 70 compares the proportions within the age-sex groups of our sample who have qualified at 'O' level standard or higher and the proportions who have no skills or qualifications at all with the corresponding proportions within the general population.*

Impaired men tend to suffer more than impaired women in comparison on the first point. The men in our sample between the ages of 16 and 74 have a lower level of attainment than average. For women, only in the youngest age group is there a significant difference between the figure for the sample and that for the general population. Both young men and young women in our sample are comparatively poorly qualified. This is to be expected since their schooling has

TABLE 70

Comparison of possession or lack of qualifications or skills between impaired men and women in various age groups and men and women in the general population†

Age group	% Qualified at 'O' level standard or equivalent—or above				% No qualifications or skills			
	Men		Women		Men		Women	
	Im-paired	General popula-tion	Im-paired	General popula-tion	Im-paired	General popula-tion	Im-paired	General popula-tion
16-29	10	25	10	23	53	32	66	46
30-49	10	16	12	13	40	30	59	54
50-64	6	9	7	7	43	34	67	64
65-74	4	8	6	6	51	42	70	69
75 and over	4	2	5	5	49	45	71	68

† Source for comparison: Labour Mobility in Great Britain, 1953-1963, by Amelia I. Harris

been interrupted by the onset of their disability. Thirteen per cent of impaired men and 14% of impaired women aged 16 to 29 have left school before the age of 15. Although men in the general population are better qualified than women at all ages up to 75 this is not true of the impaired population. Indeed, in the three middle age groups impaired women have a higher proportion qualified at or above 'O' level standard than impaired men. On the other hand, impaired men aged 75 or over contain a higher proportion qualified at this level than expected.

At the other end of the scale, the proportion within the age-sex groups in our sample who have no qualifications or skills is higher in all cases than the corresponding proportion in the general population. Again, as is to be expected, the differences are particularly marked for the youngest age group. The differences between the proportions of impaired men without qualifications or skills and men in the general population are striking. This may largely be explained by their relative limitation in the ability to acquire qualifications and skills at work.

We mentioned above the general restricting effect of inadequate income on the use of leisure. It is to be expected that, since 58% of our sample are aged 65

* For further information on the education and qualifications of the impaired and for a fuller comparison of qualificational levels with those of the general population see the sections on work and education in the second part of this report.

or over and the vast majority are economically inactive, as a whole the impaired should be severely restricted in the amount of income available.

Inasmuch as the majority of men in our sample are married and the majority of women either single or widowed this is reflected in the proportions with joint or single incomes. Seven in 10 impaired men have a joint income and six in 10 impaired women have a single income. Forty-six per cent of all impaired persons have a single income.

Tables 71 and 72 illustrate the income patterns for impaired men and women with joint or single incomes.

Fifty-nine per cent of impaired persons with joint incomes (ie married persons living with spouse) have less than £17 a week and 41% have less than £13.* There is very little difference in the joint income pattern between the

TABLE 71
Weekly income pattern for impaired men and women with
'joint' incomes (late 1968-early 1969)

Joint income (per week)	Men %	Women %	Men and women %
Under £8	3	4	4
£8-£9 19s.	14	16	15
£10-£12 19s.	22	22	22
£13-£16 19s.	19	17	18
£17-£19 19s.	14	13	13
£20-£24 19s.	13	11	12
£25 and over	13	11	12
£17+—don't know exact amount	1	4	3
No. on which % based	3,559	2,770	6,329

Note: at the time of the interview the weekly Retirement Pension for a married couple was £7 6s.

sexes. The median weekly income for impaired men with joint incomes is £14 18s and for women £14 7s. For all impaired persons living on joint incomes the median weekly income is £14 13s.

Thirty-eight per cent of all impaired persons with a single income (ie those who are single, widowed, divorced or separated) have less than £6 a week and 23% less than £5. Less than a fifth have £10 or more a week. There is some difference in the single income pattern between the sexes. Whereas 74% of impaired women with single incomes have less than £8 a week the corresponding proportion for men is 56%. Whilst 19% of the men have incomes of £13 or more a week only 8% of the women have this much. The median weekly income for men with single incomes is £7 8s and for women £6 10s. For all impaired persons living on single incomes the median weekly income is £6 12s.

Where full income details were collected regular rent or lodging payments and other cash payments from other members of the household and cash help from children, relatives and friends outside the household should have been

* Income after tax.

TABLE 72

Weekly income pattern for impaired men and women with
'single' incomes (late 1968-early 1969)

Single income (per week)	Men %	Women %	Men and women %
Less than £4	3	2	2
£4-£4 19s.	20	21	21
£5-£5 19s.	13	16	15
£6-£6 19s.	10	22	19
£7-£7 19s.	10	15	13
£8-£9 19s.	14	11	12
£10-£12 19s.	10	5	6
£13-£14 19s.	8	3	5
£15 and over	11	4	6
£13+—don't know exact amount	*	1	1
No. on which % based	1,314	4,057	5,371

* less than 0.5%

Note: at the time of the interview the weekly Retirement Pension for a single or widowed person was £4 10s.

included in the total weekly income. However, irregular (or even regular) monetary assistance with leisure activities may have been omitted. Moreover, leisure being a family affair, individuals with low personal incomes may derive benefits from 'family' income without any cash changing hands, for example the disabled man who is taken to spectator sports by his son or father. This is a particularly important point to bear in mind where holidays are concerned.

We do not have income information for members of the household other than the subject and spouse. However, we can illustrate the differences in possible 'support' available for impaired persons in the various age-sex groups using the proportions with various numbers of earners in the household.

Table 73 gives the proportions within the age-sex groups of the sample who have no earners in the household, the proportions with one earner and the proportions with two or more earners.

A majority of both impaired men and impaired women have no earners in the household (54% of men and 60% of women). Although impaired women have a higher proportion with no earners in the household they also have a higher proportion with two or more. The differences between the available support for men and women are particularly marked in the age groups 30 to 49 and 50 to 64.

Almost all young impaired men and women (16 to 29) have at least one earner in the household and a majority have at least two. The overwhelming majority of impaired men aged 30 to 49 have just one earner in the household. Women in this age group are better off to the extent that 47% have two or more earners in the household. Although the majority of men aged 50 to 64 have at least one earner living in the household a third of men in this age group have no earners. For women aged 50 to 64 the proportion with no earners is higher but 23% have two or more earners in the household compared with 2% of men of

TABLE 73
Proportions within age-sex groups of the impaired sample with various numbers of earners in the household

Number of earners in household (inc. subject)	Men aged					Women aged						
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All men %	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All women %
No earners in household	3	11	34	86	85	54	7	12	39	76	76	60
One	45	84	64	12	9	41	37	41	38	18	15	24
Two or more	52	5	2	2	6	5	56	47	23	6	9	16
No. on which % based	183	801	1,652	1,476	1,006	5,121	145	694	1,788	2,301	2,550	7,484

this age. Elderly men are in a worse position than elderly women as regards possible support although in both cases the vast majority have no earners in the household.

20.0 LOCAL AUTHORITY CENTRES FOR THE PHYSICALLY HANDICAPPED

20.1 Introduction

The functions of local authority centres were defined by the Ministry of Health (as it then was) as "to provide facilities for disabled people to leave their home environment so as to engage communally in activities which will benefit them individually and improve their contribution to society. The activities may be industrial, rehabilitative, diversional or social."

A local authority centre is more than a social club; it is open during the day to provide meals, bathing facilities, chiropody services, paid light work, as well as providing handicrafts and social facilities. Of course, not all of these facilities are available at every centre. The scale of provision and the type of facilities provided differ between authorities. Moreover, the range of activities involved may differ between centres managed by the same authority.

For centre members interviewed during the course of the Social Science Research Unit's study of centres in 1967, the most attractive aspects of centre life were a sense of comradeship and the ability to mix with a far larger group of people than they otherwise would do.* The effects of membership are felt outside the centre. During the S.S.R.U. study, members were asked whether they met any of their centre friends outside the centre; about half of members did. One member in five claimed to have introduced someone else to centre membership. A quarter of all members interviewed in the study said that since joining the centre they had carried on at home with craft work started at the centre.

The S.S.R.U. accepted that, since their study was restricted to handicapped persons who were already members, it was arguable that the members studied were a biased sample of the handicapped populations as a whole, and unrepresentative of them. The report argued that it was not clear whether the characteristics of the handicapped population at large are necessarily relevant to the demand for centre facilities. "It is conceivable that centre clientele is, in fact, a select group of handicapped people who may in their needs, environment

* Ministry of Health—Social Science Research Unit—'Centres for the Physically Handicapped' (September 1967).

The Social Science Research Unit's study was not intended to be representative of the national range of centres and policy regimes under which they operate. The S.S.R.U. chose only six centres in three local authority areas for study, the choice being made "to permit contrasts between centres of different kinds sufficient to enable some conclusions to be made about the feasibility of research and to suggest attributes or variable characteristics which would have to be studied in a more comprehensive study".

We have tried to take account of the S.S.R.U.'s findings and suggestions in analysing our information and in some cases have referred to these findings. Wherever such reference is made, the reader should bear in mind the unrepresentative nature of the S.S.R.U. study. We have avoided direct comparison of figures in tables.

One may assume that centres are capable of providing an important point of social contact for those with limited mobility. In the S.S.R.U. study a quarter of members claimed not to have been out apart from centre activities in the past month and a half in the past week (and interviewing was carried out during the summer). Fourteen per cent had not been out within the last year and 12% within the last three years. It seems extremely unlikely that members are as dependent on centres as these figures suggest. The S.S.R.U. report concluded that these figures were unreliable.

or motivation be atypical of the remaining handicapped who are not centre members." This is a valid point and one which we have borne in mind below in comparing centre members with the handicapped population who might be deemed potential clientele, and when examining the attitudes towards centres among those handicapped people who could attend but who do not. It was also a major reason for the comparison of centres with clubs for the disabled which appears elsewhere in this section on leisure.

For the first time, we are able to examine the extent of knowledge of the existence of centre facilities amongst the handicapped population of Great Britain for which they were designed.

We have a sample of centre members which must come close to being representative of centre membership in Great Britain, although we suspect that we have 'lost' some impaired persons from our sample. Moreover, centres for the physically handicapped often provide facilities for the blind and the deaf, and in some cases for a limited number of the mentally disordered.* This type of member is not fully represented here. This section on local authority centres is treated below in 4 parts:

- (i) the accessibility, knowledge and use of local authority centres
- (ii) the reasons for non-use of available centres
- (iii) a description of centre-goers and comparison with 'non-users'
- (iv) activities at centres and transport to centres.

We shall analyse our information in terms of age and sex, degree of handicap, mobility and auto-mobility. In addition, we shall try to see whether there is a connection between registration with the local authority as a physically handicapped person and knowledge and use of centres.

20.2 Accessibility, knowledge and use of local authority centres

Thirteen per cent of our sample are housebound and were not asked about local authority centres.† A further 18% are working and so are not free to attend local authority centres. The remaining 69% of impaired persons are free to go to a local authority centre in as much as they are not prevented by being confined to the house, or their bed, or prevented through working.

All persons in the sample who were not housebound, or who were not at that stage of the interview known to be working, were asked whether there was a local authority centre for the physically handicapped that they could get to if they wanted to go.‡ It was made clear to the informant that this did not mean just a social club.§

* One of the centres studied by the S.S.R.U. had 12% of its members referred to it by the Mental Health Department on grounds of psychiatric rather than physical handicap. We do not know how widespread this kind of policy is.

† We have to assume that people who only go out to visit a centre have not been treated as housebound.

‡ It would not be wise to consider all the housebound as necessarily unsuitable for centres since the vast majority of them (79%) are able to get about the house unaided and there are almost certainly those among them that *could* get to a centre if transport were arranged.

§ In fact, 651 workers have answered the question on local authority centres, five workers claiming to actually attend a centre. There is very little difference in the pattern of centre knowledge between working respondents and the vast majority of non-working respondents.

As is to be expected, a slightly higher proportion of working respondents claim to be 'not physically handicapped' (11% compared with 7% of non-working respondents) but there is only a fractional difference in the pattern of recorded answers if the workers are excluded.

§ We were interested here solely in centres for the physically handicapped and not in local authority centres for the elderly which may cater for elderly handicapped, blind and deaf persons.

TABLE 74

Accessibility, knowledge and use of local authority centres for the physically handicapped among male and female respondents in various age groups

Knowledge/use of centres	Men aged						Women aged						Men and women aged					
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %
“Not physically handicapped” Never heard of local centre† Goes to ‘special centre’ (not local authority) Knows of local centre and attends Knows of local centre but cannot get there Knows of local centre and could get there but does not attend	8	7	7	7	7	7	9	8	7	8	9	8	8	8	7	7	8	7
	58	67	77	80	84	78	67	75	75	78	81	78	63	71	76	79	82	78
	8	1	*	—	—	*	7	*	*	—	*	*	8	1	*	—	*	*
	11	4	2	2	1	2	4	4	3	1	1	2	8	4	2	1	1	2
	1	2	2	2	—	1	1	3	2	1	3	2	1	2	2	1	2	2
	14	20	13	10	9	12	12	11	13	12	7	10	13	15	13	11	7	11
No. on which based	113	365	973	1,225	782	3,458	114	513	1,459	1,942	1,734	5,763	227	878	2,433	3,166	2,518	9,222

* less than 0.5%

† Includes 16 persons who say they have 'no centre' locally. This applies to all tables on knowledge and use of centres.

More than three-quarters of all respondents have never heard of a local centre.† Less than a fifth know of a local centre that they could go to if they wished. Only 13% of those respondents who know of a centre actually attend.

Table 74 shows the pattern of knowledge of local authority centres for the physically handicapped among the impaired at various ages.

At all ages the majority have never heard of a local centre although the size of this majority increases with age from 63% for the youngest age group up to 82% for the eldest. The proportion actually attending centres decreases with age from 8% for those aged 16 to 29 down to 1% for those aged 75 or over.

There is some variation in the proportions within age-sex groups who know of a local centre. The younger men are relatively well informed as compared with the younger women. Young men also have the highest attendance rate, more than four in 10 of those knowing of a local centre actually attending.

There is very little variation in the proportions within age-sex groups who claim that they are 'not physically handicapped'.

The 'special centres' are only important for a few young people.

Table 75 shows the extent of centre knowledge and centre usage among those respondents with various degrees of handicap.

TABLE 75

Accessibility, knowledge and use of local authority centres for the physically handicapped for those respondents with various degrees of handicap

Knowledge/use of centres	Degree of handicap					
	Very severe handicap %	Severe handicap %	Appreciable handicap %	Handicapped (categories 1-6) %	Minor/no handicap %	All respondents %
"Not physically handicapped"	3	3	4	4	9	7
Never heard of local centre	71	81	76	77	78	78
Goes to 'special centre' (not local authority)	2	*	*	■	*	*
Knows of local centre and attends	5	4	3	3	1	2
Knows of local centre but cannot get there	3	2	2	2	2	2
Knows of local centre and could get there, but does not attend	16	10	14	13	10	11
No. on which % based	191	963	1,847	3,001	5,886	9,222

* less than 0.5%

† This may mean either that the subject has never heard of a centre locally or, more generally, and probably more usually, that the subject has never heard of local authority centres. Sixteen respondents claimed to have no local centre. Unfortunately, we do not know how many subjects are actually within reach of a centre.

The vast majority of persons available for centres at all levels of handicap have never heard of a local centre. However, the attendance rate increases with severity of handicap from 1% for those impaired who have no handicap or only a minor one up to 5% for the very severely handicapped. Although the majority of centre-goers have an appreciable or more severe handicap, 37% have either no handicap or only a minor one.†

Table 76 shows the extent of knowledge of centres and of attendance at centres among respondents with various levels of mobility.

TABLE 76

Accessibility, knowledge and use of local authority centres for the physically handicapped for those respondents with various levels of mobility

Knowledge/use of centres	Mobility			All respondents %
	Egress on own without aids or difficulty %	Egress on own with aids or difficulty %	Dependent on someone else's help for egress %	
"Not physically handicapped"	10	5	4	7
Never heard of local centre	77	78	78	77
Goes to a 'special centre' (not local authority)	*	*	1	*
Knows of local centre and attends	1	3	4	2
Knows of local centre but cannot get there	1	2	3	2
Knows of local centre and could get there, but does not attend	11	12	10	11
No. on which % based	5,319	2,574	1,304	9,222

* less than 0.5%

As is to be expected, the proportions claiming to be not physically handicapped decrease with mobility. But perhaps the most significant point is the differences between the proportions of those at various levels of mobility knowing of a local centre that they could get to who actually attend. These proportions are actually higher for the more restricted.

The proportions claiming to know of a centre locally but to be unable to get there increase with immobility. However, 46% of this group are able to get out of the house on their own without aids or difficulty.

Table 77 shows the variation in knowledge of centres and attendance at centres between those respondents who are registered with the local authority as physically handicapped and those not registered.

As is to be expected, the proportion of registered respondents who have never heard of a local centre is lower than among non-registered. However, a

† There is obviously an argument for not restricting membership to the more severely handicapped since this group will probably derive benefits from mixing with the less handicapped and vice versa. One reason for reluctance in going to centres is the feeling among the impaired that they would rather mix with 'normal' people and not just with other impaired people.

majority of registered respondents have never heard of a local centre. The proportion of registered respondents attending the centres is higher than among non-registered but still less than a fifth of persons available.

The proportion of registered respondents with knowledge of a local centre and the proportion who actually attend among registered respondents is markedly higher than the corresponding proportions for respondents in any age-sex group or category.

Almost half of registered persons who know of a centre and are able to get there actually attend compared with less than one in 10 of the non-registered.

TABLE 77

Accessibility, knowledge and use of local authority centres for the physically handicapped among respondents registered with the local authority as physically handicapped and among respondents not registered

Knowledge/use of centres	Registered with local authority as physically handicapped %	Not registered %	All respondents %
"Not physically handicapped"	1	8	7
Never heard of local centre	56	79	78
Goes to 'special centre' (not local authority)	1	*	*
Knows of local centre and attends	18	1	2
Knows of local centre but cannot get there	5	2	2
Knows of local centre and could get there, but does not attend	19	10	11
No. on which % based	444	8,777	9,222

* less than 0.5%.

20.3 Reasons for non-attendance at centres among those impaired who know of a local centre that they could get to if they wished

Of course, depending on age and sex and degree of handicap, the main reasons for non-attendance among the impaired are lack of knowledge of centre availability, severely limited mobility or a work commitment.

However, we are here concerned with a specific group of impaired persons (1,005 in the sample) who claim to know of a local centre that they could get to but who do not attend. These subjects were asked whether the reason for their non-attendance was due to the fact that they did not consider themselves physically handicapped or for some other reason.

Table 78 shows the reasons for non-attendance given by male and female respondents in various age groups.

A majority of respondents have other reasons although a sizeable minority of 44% do not consider themselves physically handicapped.

Only one other type of reason is mentioned by as many as one in 10 of respondents; this is lack of interest.

The most frequently mentioned specific reason is that the subject is too ill to go but only 8% of those not attending a local centre that they know of and are able to get to mention this as a reason for non-attendance.

There is very little difference in the reasons given by those respondents aged under 65 and by those 65 or over.

There are differences in the patterns between the sexes. Whereas 48% of the women claim that they are not physically handicapped, the corresponding proportion for male respondents is 38%.

The differences in the patterns between the sexes are particularly marked among those aged under 65. For this younger group, although half the women claim that the reason is that they are not physically handicapped, only one-third of the men claim this as a reason. These differences are largely due to the fact that the young men asked this question are comparatively more handicapped; the less handicapped young men, being workers, were not asked the question on centre knowledge, whereas proportionately fewer of the less handicapped women are working and have been asked about centres.

For both young and old men and women who consider themselves physically handicapped the most frequently mentioned reasons for non-attendance are that they are not interested or too ill.

TABLE 78

Reasons for non-attendance at centres given by impaired men and women in various age groups who know of a local centre that they could get to, but who do not go

Reason for non-attendance	Men aged			Women aged			Men and women aged		
	16-64 %	65 and over %	All %	16-64 %	65 and over %	All %	16-64 %	65 and over %	All %
"Not physically handicapped"	33	44	38	50	47	48	43	46	44
Not interested	20	15	17	19	20	20	20	18	19
Too ill/too tiring	11	9	10	5	8	7	7	9	8
"Not <i>that</i> handicapped"	7	4	6	6	4	4	6	4	5
"Don't like atmosphere"	4	6	5	5	4	4	5	5	5
"Haven't been invited/ don't know where it is"	4	4	4	3	5	4	4	5	4
Too far away/difficult to get to (for reasons other than disability)	3	2	3	3	6	5	3	5	4
"My handicap not catered for"	2	4	3	2	1	2	2	2	2
Meet at inconvenient time	1	2	2	2	4	3	1	3	2
"Don't cater for my interest"	2	2	2	2	—	1	2	1	1
Other reasons	12	6	9	3	3	3	7	4	6
No. on which % based	210	191	402	255	344	599	465	535	1,001

Table 79 shows the reasons for non-attendance given by respondents with various degrees of handicap.

As is to be expected, the proportion claiming to consider themselves not physically handicapped decreases with severity of handicap from 56% for the impaired with no handicap or a minor one down to 17% for the severely and very severely handicapped.

Also, not surprisingly, the proportion claiming that they are too ill to go increases with severity of handicap from 5% for the impaired with no handicap or only a minor one to 17% for the severely and very severely handicapped.

One interesting point is the comparatively high proportion of those with an appreciable handicap who regard themselves as physically handicapped but say that they are "not *that* handicapped".

"Too far away"/"difficult to get to" was supposed to mean for reasons other than disability. However, disability is obviously involved, the proportions giving this reason increasing with the severity of handicap.

The proportions stating that they have not been invited also increase with the degree of handicap. One in 10 severely or very severely handicapped respondents claims that a reason for not attending the centre is that they "haven't been invited" or "don't know (exactly) where it is".

TABLE 79

Reasons for non-attendance at centres given by impaired persons with various degrees of handicap who know of a local centre that they could get to but who do not go

Reason for non-attendance	Degree of handicap				
	Severe or very severe handicap %	Appreciable handicap %	Handicapped (categories 1-6) %	Minor/no handicap %	All impaired %
"Not physically handicapped"	17	31	27	56	44
Not interested	20	18	19	19	19
Too ill/too tiring	17	12	13	5	8
"Not <i>that</i> handicapped"	2	10	8	2	5
"Don't like atmosphere"	6	7	7	3	5
"Haven't been invited/ don't know where it is"	10	5	7	2	4
Too far away/difficult to get to (for reasons other than disability)	9	5	7	2	4
"My handicap not catered for"	2	3	3	1	2
Meet at inconvenient time	9	2	4	1	2
"Don't cater for my interest"	1	*	*	2	1
Other reasons	8	5	6	5	6
No. on which % based	121	261	382	585	1,001

* less than 0.5%

Table 80 shows the reasons for not attending given by those respondents who are registered with the local authority as physically handicapped and those not registered.

Of the 85 registered persons who claim to know of a local centre that they could get to but who do not attend, only 6% say that they are not physically handicapped. Forty-eight per cent of the non-registered not attending give this as the reason. If we take into account the proportions claiming that they are not that handicapped this still leaves a marked difference between the groups.

The most frequently mentioned reason for non-attendance among the registered and the second most frequently mentioned among the non-registered is that the subject is not interested.

TABLE 80

Reasons for non-attendance at centres given by those registered with local authorities as physically handicapped and those not registered who know of a local centre that they could get to but who do not go

Reason for non-attendance	Registered with local authority as physically handicapped %	Not registered %	All impaired %
"Not physically handicapped"	6	48	44
Not interested	25	18	19
Too ill/too tiring	12	8	8
"Not <i>that</i> handicapped"	13	4	5
"Don't like atmosphere"	8	4	5
"Haven't been invited/don't know where it is"	2	4	4
Too far away/difficult to get to (for reasons other than disability)	8	3	4
"My handicap is not catered for"	2	2	2
Meet at inconvenient time	4	2	2
"Don't cater for my particular interests"	7	*	1
Other reasons	15	5	6
No. on which % based	85	916	1,001

* less than 0.5%

20.4 Who are the centre-goers?

Table 81 illustrates the age and sex composition of the section of the impaired sample attending local authority centres for the physically handicapped.

Centre members are rather younger as a group than the section of the impaired population from which they come and, of course, younger than the impaired taken as a whole. † A majority of centre members in our sample are under 65 years of age (63%) and 29% are under 50. ‡ The corresponding proportions for impaired persons who know of a centre that they can get to but who do not go are 47% and 16%. Thirty-five per cent of centre-goers are women aged 30 to 64. The corresponding proportion among the group not attending is 24%.

The S.S.R.U. report found that members' marriage rates were significantly different from those in the general population. Here we are able to do what the S.S.R.U. were not able to, that is to compare the marriage rates of centre-goers with those of the impaired persons who have heard of a local centre that they could get to but who do not go. The striking differences between the marriage rates of those in the S.S.R.U. sample and those in the general population were

† The centre members studied by the S.S.R.U. were slightly older than centre goers in our sample; 71% were aged 50 to 79 and only 25% aged 16 to 49. Twenty-nine per cent of our centre-goers are aged 16 to 49 and 59% aged 50 to 74.

‡ It is worth noting that one centre covered during the S.S.R.U. study which specialized in industrial activities actually retired members at the age of 65.

TABLE 81

Age and sex composition of centre population and of the group of impaired persons who know of a local centre that they could get to but who do not go

Age and sex	Centre-goers %	Those who know of local centre but who do not go %	All impaired %
16-29	10	3	3
30-49	19	13	12
50-64	33	31	27
65-74	26	35	30
75 and over	12	18	28
All men	39	40	41
All women	61	60	59
No. on which % based	175	1,005	12,738

the higher proportion of single people at all ages—especially the younger age groups—and the comparatively lower proportion of married persons in the S.S.R.U. sample. These differences are still discernible when comparing the centre-goers in our sample with the 'non-users'. The proportion of single persons is higher at all ages among centre-goers and is twice as high among those aged under 50. The proportion of married persons is generally lower, the exception being in the 65 to 74 age group where the proportion is the same among centre-goers and non-users.

Table 82 shows the level of handicap of centre-goers.

The majority of centre-goers (63%) have more than a minor handicap and 31% are either severely or very severely handicapped. The corresponding proportions among the section of the impaired population who know of a centre but who do not attend are 39% and 12% respectively. Although the centre-goers are comparatively more severely handicapped a sizeable minority (37%) according to our definition have either no handicap or only a minor one.

TABLE 82

Level of handicap of centre-goers and of those impaired who know of a local centre that they could get to but who do not go (non-users)

Degree of handicap	Centre-goers %	Non-users %	All impaired %
Very severe handicap	6	3	5
Severe handicap	25	9	12
Appreciable handicap	32	26	20
Handicapped (categories 1-6)	63	38	37
Minor/no handicap	37	62	63
No. on which % based	175	1,005	12,738

Tables 83 and 84 show the level of mobility and auto-mobility of centre-goers.

As is to be expected, centre-goers, being more severely handicapped, are relatively limited in their mobility. Whereas only 28% of centre-goers can get out of the house without the use of aids or difficulty, 56% of the non-users are this mobile.

TABLE 83

Mobility of centre-goers and of those impaired who know of a centre that they could get to but who do not go

Mobility	Centre-goers %	Those who know of a local centre that they could get to but who do not go %	All non-house- bound impaired %
Egress on own without aids or difficulty	28	56	62
Egress on own with aids or difficulty	38	31	26
Dependent on someone else's help for egress	34	13	12
No. on which % based	174	1,005	11,031

TABLE 84

Auto-mobility of centre-goers and of those impaired who know of a local centre that they could get to but who do not go

Auto-mobility	Centre-goers %	Those who know of a centre that they could get to but who do not go %	All non-house- bound impaired %
Has vehicle in household and drives	7	12	15
Has vehicle in household— taken out	14	16	19
No vehicle or driver in household	72	69	64
Blind—no information on auto-mobility	7	4	2
No. on which % based	170	990	10,921

Although they are younger, centre-goers are less auto-mobile than the group of non-users.

As is to be expected, if we compare the registration rate of centre-goers with that of the non-users we find a striking difference. Whereas only 8% of non-users are registered with the local authority as physically handicapped (this is itself a higher rate than the average for all impaired of 5%) 47% of centre-goers are registered. It is perhaps surprising that a majority of centre-goers are not registered.

As regards the 'type' of disability, in a comparatively young group we would expect a higher proportion of young persons' diseases. This we have.* However, there are some interesting points. Three in 10 impaired persons attending a local authority centre mention a disease of the central nervous system as a main disability. One would expect a high proportion of mentions of central nervous system disorders since these affect young persons and are associated with relatively severe impairment. Moreover, the highest registration rate for

* The main disability pattern of centre-goers is given elsewhere in this section on leisure activities where centre-goers are compared with members of clubs for the disabled.

any type of disorder is among this central nervous system group. Twenty-six per cent of centre-goers mention a disease of the bones or organs of movement (including arthritis) but this is lower than among the sample as a whole.* Six per cent of members mention blindness as a disability, although they may, of course, have *motor* impairments in addition.

20.5 Activities at centres and transport to centres

Table 85 shows the type of activities engaged in at centres by centre-goers in our sample.

The most frequently mentioned activity at centres is handicrafts, mentioned by 47% of centre-goers. The next most common activity is general social activities including having a cup of tea, talking and playing games (34%), followed by entertainments and outings (20%). A minority of 17% of centre-goers (mostly those under 65) mention paid light industrial or commercial work.

TABLE 85
Activities engaged in at centres by centre-goers in our sample

Activity engaged in at centre	Centre-goers %
Handicrafts	47
General social activities (having cup of tea, talking, playing games)	34
Entertainments/outings	20
Paid light work	17
Have meals (<i>not</i> just a cup of tea)	7
Domestic work	5
Other activities	17
No. on which %-based	174

Since centre-goers are relatively severely handicapped and immobile and less auto-mobile the problem of transport to the centre is a serious one. The S.S.R.U. report concluded that: "for handicapped people, means of travel from home to the centre is critical, and after physical capacity of the centre building, transport is probably the factor which governs ability to attend and frequency of attendance more than anything else".

A majority of centre-goers have transport supplied by the local authority to get them to the centre, although 16% have to use public transport and 9% either walk or go by wheelchair.† Those using public transport, walking or

* If we compare the types of condition mentioned by centre-goers in our sample as main disability with the types of condition affecting centre members in the S.S.R.U. sample much the same pattern emerges. In both cases the most frequently mentioned disability is one affecting the central nervous system. Forty per cent of respondents in the S.S.R.U. study had a disorder of the central nervous system. This is even higher than the figure for centre-goers in our study. The second most frequently mentioned main disability is arthritis or rheumatism. Twenty-six per cent of centre-goers mention this as a main disability. Twenty-four per cent of members covered in the S.S.R.U. study had these conditions.

† There is some discrepancy between the proportion of centre-goers receiving local authority transport in the two studies. If we include hospital cars, 74% of members treated in the S.S.R.U. study were receiving officially arranged transport to the centre as compared with only 55% for centre-goers in our study. However, two points should be borne in mind; the S.S.R.U. study was not designed to be representative of the national range of centres and the information on

going by wheelchair were asked whether they would find it easier if the local authority supplied transport. Seventeen out of 44 replied that they would.*

Table 86 shows the mode of transport used to get to centres by impaired members with appreciable or more severe handicaps and by other impaired members who do not walk to the centre or go by wheelchair.

TABLE 86

Mode of transport to centre for centre-goers who have an appreciable or more severe handicap and for centre-goers who are impaired but have no handicap or only a minor one, who do not walk to the centre or go by wheelchair

Transport to centre	Degree of handicap		
	Very severe, severe or appreciable handicap %	Minor/no handicap %	All impaired %
Local authority/welfare department	67	47	60
Private transport	19	28	22
Public transport	14	26	18
No. on which % based	94	58	158

The proportion receiving local authority transport is considerably higher for the more severely handicapped group. However, 30% of those centre-goers receiving local authority transport have either no handicap or only a minor one although they may be restricted in their ability to get out of the house on their own.

Table 87 shows the mode of transport to the centre for those centre-goers with various levels of mobility.

TABLE 87

Mode of transport to centre for centre-goers with various levels of mobility

Transport to centre	Mobility			All centre-goers %
	Egress on own without aids/difficulty %	Egress on own with aids/difficulty %	Dependent on someone else's help for egress %	
Local authority/welfare department	22	65	73	55
Private transport	12	24	22	20
Public transport	47	6	—	16
Walk/wheelchair	19	5	5	9
No. on which % based	49	66	59	174

transport was reported by centre staff. Some of those centre-goers in our sample claiming to get 'private transport' to the centre may well be having 'arranged' transport of some kind (e.g. the hospital car) since the majority of this group have no vehicle or driver in the household.

* Those walking or going by wheelchair may well live close to a centre. When asked whether they would find it easier if the local authority provided them with transport only one out of 16 said they would. When the same question was put to those using public transport, 16 out of 28 thought that it would be easier. This may, of course, be some indication of the difficulties encountered by the disabled in using public transport.

Those centre-goers who are very restricted in their mobility in that they are dependent on others for egress are well-served by the local authority. Forty-three of the 59 in this group have local authority transport. None has to use public transport and of the three who walk none would find it easier if the local authority provided transport.

One point is worth noting. Of the 96 persons receiving local authority transport, 11 can get out on their own without aids or difficulty.

Not only is there a correlation between registration and centre attendance but also, for centre-goers, there is a correlation between registration and the provision of local authority transport.

Table 88 shows the mode of transport to the centre for those centre-goers in the sample who are registered and those not registered.

TABLE 88
Mode of transport to centre for centre-goers registered with the local authority as physically handicapped and for centre-goers not registered

Transport to centre	Registered with local authority as physically handicapped %	Not registered %	All centre-goers %
Local authority/welfare department	68	45	55
Private transport	18	23	20
Public transport	7	23	16
Walk/wheelchair	7	9	9
No. on which % based	82	92	174

More than two-thirds of the registered centre-goers receive local authority transport to the centre. This compares with less than half of the non-registered. Looking at it the other way round, although the majority of those receiving local authority transport are registered with the local authority as physically handicapped, a sizeable minority of more than two-fifths are not registered.

21.0 CLUB ATTENDANCE AMONG THE IMPAIRED

The picture of club membership patterns for the general urban population of England and Wales obtained from the survey 'Planning for Leisure' (HMSO 1969) is of higher membership rates for men at all ages than for women. Fifty-five per cent of the men attended clubs and 33% of the women. The differences in attendance rates between the sexes became more marked after marriage when women's rates dropped considerably. Male membership dropped off from the age of 46 onwards. For women there was a slight revival in interest in club activities in middle age but after 60 membership rates declined again.

In a general population of similar domestic-age composition to our impaired sample we would expect about half the men and three in 10 of the women to be club-goers.

21.1 Club attendance among the impaired at various ages

In our study, subjects who were not housebound were asked whether they went to any clubs 'nowadays' and, if so, what sort of clubs.

Table 89 gives the proportions of all impaired men and women and of non-housebound impaired men and women at various ages who attend clubs. Almost three-quarters of all impaired persons do not attend clubs. There is only a slight difference between the sexes in the proportions going to clubs and this is a reflection of the relatively high proportion of women who are housebound.

The club attendance rates for impaired men and women are considerably lower than the club attendance rates among the general population. Impaired men seem particularly restricted in their ability to or desire to attend clubs.

In no age-sex group do club-goers constitute a majority of the total. As with the general population, a higher proportion of young people attend clubs than do old people. The figures for female attendance seem closer to those for the general

TABLE 89

Proportions of all impaired men and women and of non-housebound impaired men and women in various age groups who attend clubs

Age group	Club activity					
	Men		Women		Men and women	
	% of non-housebound in group attending clubs	% of all in age group attending clubs	% of non-housebound in group attending clubs	% of all in age group attending clubs	% of non-housebound in group attending clubs	% of all in age group attending clubs
16-29	46	46	34	33	41	40
30-49	36	36	29	27	33	32
50-64	28	27	27	25	27	26
65-74	32	29	34	29	33	29
75 and over	20	17	29	19	26	19
All ages	30	28	30	25	30	26

population than do those for male attendance. The only female group that shows a marked decrease is the youngest, 16 to 29. The revival in interest in clubs amongst middle-aged women in the general population is not evident in the impaired population. There is a revival in interest but this comes after the age of 65. For both sexes there is a drop in the proportions attending in the age group 50 to 64. The rise in attendance rates for the 65 to 74 age group can be attributed to eligibility for 'old people's clubs', a new interest. Moreover, for men, the low attendance figures for those under 65 can be partly explained by the fact that comparatively small proportions are working and non-workers are denied access to clubs at places of employment, a type important to the general male working population.* With a third permanently disabled and unable to work again impaired men aged 50 to 64 are particularly hard hit in this respect. For both sexes the group with the lowest proportion attending clubs is the oldest age group, 75 or over. For women this is largely the result of severely limited mobility. If one takes the club members as a proportion of all the non-housebound the difference between the age groups generally is much less and the proportion of men over 64 attending is less than that of elderly women.

* A quarter of all male club-goers in Sillitoe's national urban sample attended clubs at their place of employment. In some domestic-age groups the corresponding proportion was considerably higher—as much as 40%.

21.2 Types of club used by impaired persons of different ages

Table 90 shows the type of club favoured by impaired club-goers in the various age-sex groups. For the impaired as a whole two types of club are important. Thirty-two per cent of all attend working men's or social clubs and 27% old people's clubs. A further 17% attend church clubs. No other type of club is attended by as much as a tenth of impaired club-goers. Naturally, these figures are reflecting the age-sex composition of the sample. There are important differences between the ages and the sexes in the type of club attended. For the youngest group three types of club attract a quarter or more of the club-goers: working men's and social clubs, clubs for the disabled and blind and youth clubs. Impaired persons aged 30 to 49 are less involved in youth clubs and also in those for the disabled.* Forty-eight per cent of club-goers in this age group attend social clubs. For the age group 50 to 64 again the social club is by far the most popular and is attended by 41% of club-goers. For impaired persons over 65, three types of club are important; the social club is of decreasing importance and is replaced as most popular type by the old people's club. A majority of those aged 75 or over attend old people's clubs. One other type of club is important for the old, the church club attended by 19% of the elderly. This is a reflection of the female bias in the sample.

By far the most popular type of club for impaired men is the working men's or social club attended by half of all male club-goers. This type of club ranks only third in popularity for impaired women, below old people's clubs (38%) and church clubs (26%). The social club is the most popular club for impaired men at all ages whereas in only one age group 30 to 44 does it rank top for women. Church clubs are much more popular with women at all ages than with men and for women aged 50 to 64 this is the most frequented type.† The differences are particularly marked after the age of 50. Old people's clubs are far more important for women than for men who, if they are still able to attend clubs, prefer, apparently, to continue to attend social clubs. Perhaps men prefer the company of their own sex.‡ In old age men seem to continue in the pattern adopted earlier with the addition of the old people's clubs whilst for women the old people's clubs and church clubs tend to replace the social and women's institute types. Church clubs are of negligible interest to the surviving old men. As regards attendance at disabled clubs, there is a peak in the youngest age group, 16 to 29, after which the proportion attending drops off steeply until there is a return trend in the last age group. Clubs for the disabled remain more important to women throughout the life cycle. This is to be expected since they are comparatively more severely disabled than the men.

We cannot give the number of clubs attended by individuals but we can at least give the number of club 'types'.§ This provides some measure

* The decrease in interest in youth clubs from the age of 30 onwards is understandable. As in the case of the general population, the older members of youth clubs may well be leaders or organizers.

† This pattern of predominantly female interest in church clubs is true of the general urban population in England and Wales—Sillitoe *op. cit.* This may be a reflection of 'provision' rather than 'appeal'. Unlike church worship, church clubs do not necessarily appeal more to women but they exist more for them. Virtually every church has its women's group (or groups), a high proportion do not have a men's group.

‡ Sillitoe finds that this is generally true although *less* so for the older men. It is possible that elderly men describe their clubs differently to elderly women.

§ Unfortunately, we did not collect information on the 'frequency' of visits to clubs either. In a more detailed study both of these points should be covered.

TABLE 90
Types of club attended by impaired club-goers in various age-sex groups

Type of club attended	Men aged						Women aged						Men and women aged					
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %	16-29 No.	30-49 %	50-64 %	65-74 %	75 and over %	All ages %	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %
Old people/Silver Thread/Darby and Joan etc. Working men's social/bingo Women's Institute, Townswomen's Guild/co-op. Church club (<i>not</i> O.A.P.) Freemason's/TOCH/ British Legion etc. Sports' (tennis/bowls/ billiards etc.) Disabled/handicap- ped/blind Youth clubs Others	2	—	5	27	29	13	—	2	19	48	60	38	1	1	12	40	53	27
	31	57	56	44	41	50	[8]	34	25	15	14	19	25	48	41	27	21	32
	—	—	*	—	—	*	[3]	20	19	16	13	16	2	8	10	10	10	9
	5	4	5	4	—	4	[8]	18	28	30	25	26	9	10	16	19	19	17
	3	16	18	18	15	16	—	5	4	4	4	4	2	12	11	9	7	9
	13	20	12	14	19	15	[5]	10	4	2	2	2	3	12	16	8	7	6
No. on which % based†	22	6	6	2	10	6	[16]	14	11	7	8	9	25	9	8	5	9	8
	28	2	1	—	—	3	[13]	2	1	—	—	1	27	2	1	—	—	2
	13	8	8	7	7	8	[6]	13	10	4	4	7	12	10	9	5	5	7

* less than 0.5%

† proportions add to more than 100 since some subjects visit 2 or 3 types of club

[] denotes number not percentage

TABLE 91
Number of types of club attended by impaired club-goers in various age-sex groups

No. of types of club attended	Men aged					Women aged					Men and women aged							
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %	16-29 No.	30-49 %	50-64 %	65-74 %	75 and over %	All ages %	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %
One	86	88	89	86	81	87	[47]	86	84	79	72	79	88	87	87	82	74	83
Two	9	11	10	13	17	12	[4]	13	13	17	26	18	8	12	11	15	24	15
Three*	5	1	1	1	2	1	[1]	1	3	4	2	3	4	1	2	3	2	2
No. on which % based	93	291	446	432	165	1,429	52	190	444	661	496	1,844	145	482	900	1,093	662	3,274

* Nobody in the sample attends more than three types of club. This applies to all tables broken by number of types of club attended.
[] denotes number not percentage

of the breadth of interest and a crude minimum for the number of clubs visited.

Table 91 shows the number of club types mentioned by club-goers in the various age-sex groups in the sample.

The overwhelming majority of club-goers in all age-sex groups attend only one type of club. Fifteen per cent of all impaired club-goers attend two types of clubs. The group with the highest proportion attending two or more club types is the 75 and over age-group in which 24% of club-goers frequent two or more types. This is true for both sexes but is particularly marked for women. Twenty-eight per cent of all female club-goers aged 75 or over attend two or more types of club.

21.3 Club attendance patterns among those with various degrees of handicap

Table 92 gives the proportions of impaired persons and of non-housebound impaired persons with various degrees of handicap who attend clubs. As is to be expected, the proportion attending clubs decreases as the severity of handicap

TABLE 92

Proportions of impaired persons and of non-housebound impaired persons with various degrees of handicap who attend clubs

Club activity	Degree of handicap					
	Very severe handicap	Severe handicap	Appreciable handicap	Handi-capped (categories 1-6)	Minor/ no handicap	All impaired
% of non-housebound in group attending clubs	14	23	29	26	31	30
% of all in group attending clubs	4	17	25	19	29	26

increases from a high of 29% for those impaired with no handicap or only minor handicap down to a low of 4% for the very severely handicapped. To a considerable extent this is the reflection of variations in the proportions within the groups who are housebound. If we take the proportions of those with egress within the impairment groups who attend clubs the differences in attendance rates between the least handicapped group and the severely or appreciably handicapped are less pronounced, although the attendance rate for the very severely handicapped is still noticeably lower than for the severely handicapped.

21.4 Reasons for non-attendance at clubs given by those with various degrees of handicap

Obviously one reason for non-attendance at clubs, indeed the major reason for non-attendance amongst the very severely handicapped, is that the subject is housebound. Less than a fifth of all impaired persons not attending clubs are housebound. However, there is a marked difference in this respect between those impaired with no handicap or only a minor one and those with an appreciable or more severe handicap, the corresponding proportions being 8% and 32%

TABLE 93

Reason for non-attendance at clubs given by non-housebound impaired persons with various degrees of handicap who do not visit clubs

Reason for not attending clubs	Degree of handicap					
	Very severe handicap %	Severe handicap %	Appreciable handicap %	Handicapped (categories 1-6) %	Minor no handicap %	All impaired %
Because of disability	58	38	32	36	22	26
Other reason	44	62	68	65	79	74
No. on which % based	156	769	1,396	2,301	4,669	7,233

Note: Proportions do not necessarily add to 100 since some subjects have given both reasons associated with their particular condition and other reasons

respectively. Seventy-one per cent of the very severely handicapped persons not attending clubs are housebound.

Non-housebound subjects who did not attend clubs were asked whether this was because of their main disability or for some other reason. Table 93 shows the reasons given by respondents in the various handicap groups.

Twenty-six per cent of respondents claim their disability as a reason for non-attendance at clubs. As is to be expected, the proportion claiming disability as a reason for non-attendance increases with the severity of handicap. Only for the very severely handicapped does a majority give disability as a reason for non-attendance. However, disability presents a major problem to more than a third of those with an appreciable or more severe handicap and more than a fifth of those with no handicap or only a minor one.

TABLE 94

Type of club attended by impaired persons with various degrees of handicap

Type of club attended	Degree of handicap				
	Severe or very severe handicap %	Appreciable handicap %	Handicapped (categories 1-6) %	Minor/no handicap %	All impaired %
Old people/Silver Thread/Darby and Joan etc.	28	34	32	25	27
Working men's/social/bingo	26	29	28	32	32
Women's Institute/Townswomen's Guild/co-op.	10	11	11	8	9
Church club (not O.A.P.)	15	23	21	14	17
Freemason's/Tot H/British Legion etc.	4	6	5	10	9
Sports (tennis/bowls/billiards etc.)	7	7	7	11	9
Disabled/handicapped/blind	21	8	12	6	8
Youth clubs	2	1	1	2	2
Others	7	6	7	7	7
No. on which % based*	267	610	877	2,321	3,274

* proportions add to more than 100 since some subjects visit two or three types of club

21.5 Type of clubs attended by club-goers with various degrees of handicap

Table 94 shows the variation in the type of clubs used by club-goers in the various impairment groups. At all levels of handicap a majority of club-goers use either old people's clubs or working men's and social clubs, although there is a tendency for the proportions attending the working men's and social clubs to decline with severity of handicap.

The third most popular type of club for the severely and very severely handicapped is the club for the disabled (or blind) attended by 21% of club-goers. Less than 10% of club-goers with less than a severe handicap attend clubs for the disabled. However, a majority of impaired members of clubs for the disabled have either no handicap or only a minor one (see Table 104, page 133).

Although handicap certainly affects the ability to attend clubs, those appreciably or more severely handicapped who do go to clubs seem to be able to attend as many different *types* of club as impaired club-goers with no handicap or with only minor handicap. Indeed, a higher proportion of handicapped club-goers visit two or more types of club than do the impaired non-handicapped club-goers. (21% compared with 17%). Table 95 shows the proportions of club-goers with various degrees of handicap who attend one, two or three types of club.

TABLE 95

Number of *types* of club attended by club-goers with various degrees of handicap

No. of types of club attended	Degree of handicap				
	Severe or very severe handicap %	Appreciable handicap %	Handicapped (categories 1-6) %	Minor/no handicap %	All impaired %
One	82	78	79	83	83
Two	14	19	17	15	15
Three	4	4	4	2	2
No. on which % based	266	610	876	2,222	3,274

21.6 The effect of restricted mobility on club attendance

We have seen that 30% of the non-housebound attend clubs. There is, however, some variation in the proportions attending between the mobility groups in the non-housebound population.

Table 96 shows the number of types of clubs attended by impaired persons with egress on their own, without independent egress and by all non-housebound impaired persons.

A third of those who can get out on their own without aids or difficulty attend clubs. For those who can get out on their own with the use of aids or with difficulty the club-goers constitute 31% and for those who cannot get out without someone else's help only 19% attend clubs. However, there is no difference at all in the proportions of the club-goers in the different mobility groups who attend two or more types.

In only one type of club are members severely limited in their mobility. Only 34% of members of disabled or handicapped clubs are able to get out on their own without aids or difficulty. Thirty-two per cent have difficulty or have to

TABLE 96

Number of types of club attended by non-housebound impaired persons with various levels of mobility

No. of types of club attended	Mobility		All non-housebound %
	Those with egress on own with or without aids or difficulty %	Those needing help to get out %	
None	69	81	70
One	26	16	25
Two	5	3	4
Three	1	■	1
No. on which % based	9,668	1,363	11,031

* less than 0.5%

resort to aids and 35% cannot get out without help. In only one other type of club do impaired members who cannot get out of the house without help from someone else constitute as much as 10% of the total impaired membership (old people's clubs).

21.7 The effect of auto-mobility on club attendance

Table 97 shows the club attendance pattern for the non-housebound with various levels of auto-mobility. Whilst 30% of the non-housebound as a whole visit clubs there is some variation in the attendance rates as between those with direct auto-mobility and those not auto-mobile. Thirty-six per cent of those who have a car in the household and can drive are club-goers compared with 30% of non-housebound impaired persons with no vehicle or driver in the household.

TABLE 97

Proportions of non-housebound impaired persons with various levels of auto-mobility who attend clubs

Club activity	Has vehicle in household and drives %	Taken out in vehicle in household %	No vehicle or no driver %	All non-housebound %
Goes to clubs	36	24	30	30
Does not go to clubs	64	76	70	70
No. on which % based	1,627	2,057	6,937	10,621

Those with cars who drive tend to be the young and thus use young people's types of club or men and thus use male orientated types. The club types with the highest proportions of car drivers are sports (45%), freemason's/Toc H (38%), youth clubs (37%) and working men's/social (22%). The club type with the lowest proportion of car drivers is naturally the old people's clubs (5%). Eighty-three per cent of impaired members of old people's clubs have no car or driver in the household compared with 65% of club-goers in general.

21.8 Regional variation in club attendance among the impaired

Table 98 gives the proportions of the impaired and non-housebound impaired in the standard regions of England, in Wales and in Scotland who attend clubs. The region with the highest proportion of impaired attending clubs is Wales where a third of all the impaired are club-goers. The lowest attendance rate for the impaired is that in Greater London.* The top and bottom rankings remain the same when one takes the proportions of the non-housebound impaired who attend clubs. In this case the Welsh rate is 39% and the London rate 25%. The high attendance in Wales can be partly explained in that the impaired in Wales are comparatively less handicapped and younger. However, there is no simple explanation for the low rate in London.

TABLE 98

Proportions of the non-housebound impaired and of all impaired persons in the standard regions of England, and Wales and Scotland who attend clubs

Region of England, and Wales and Scotland	% of non-housebound population in each region attending clubs	% of all impaired in each region attending clubs
Northern	34	30
Yorkshire and Humberside	31	28
North Western	32	29
East Midlands	26	22
West Midlands	31	25
East Anglia	30	26
South Eastern (excluding G.L.C.)	30	26
G.L.C.	25	22
South Western	28	25
Wales	39	33
Scotland	26	22
Great Britain	30	26

21.9 Club attendance and work/household responsibility

Table 99 shows the club activity patterns for impaired persons and for non-housebound impaired persons with various levels of work and household responsibility.

The most striking point is that the group with the lowest rate of attendance is that with the greatest amount of disposable time. Even if one takes into account the high proportion housebound in this group, the attendance rate for the non-housebound impaired in this group is noticeably lower than among other non-housebound work/household responsibility groupings.

Despite their low club attendance rate, impaired persons with no work or major household responsibility still constitute 34% of all club-goers. Forty-one per cent of club-goers are not working but have a major household responsibility. Only a quarter of club-goers are working, a fifth being workers with no major household responsibility.

* Sillitoe finds that in the general urban population "Inner Londoners of both sexes and all social classes have a significantly lower membership rate than people elsewhere (in England and Wales)".

TABLE 99

Proportions of impaired persons and of non-housebound impaired persons with various levels of work/household responsibility who visit clubs

Club activity	Working		Not working		All impaired
	and doing most of household chores	but not doing most of household chores	but doing most of household chores	and not doing most of household chores	
% of non-housebound in group attending clubs	30	37	33	24	30
% of all in group attending clubs	30	37	31	18	26

It may be, of course, that there is variation in the frequency with which impaired persons within the different groups attend their clubs. We have no information on this aspect.

As for the number of types of club visited by club-goers with various levels of work and household responsibility, the group with the highest proportion attending two or more types is the predominantly female group of non-workers with a major household responsibility. In this group 23% of club-goers attend two or more types. Of the minority of 17% of club-goers who attend two or more types of club, a majority (54%) are non-workers with a major household responsibility.

Table 100 shows the proportions of club-goers with various levels of work and household responsibility who attend two or more types of club.

TABLE 100

Numbers of types of club attended by impaired club-goers with various levels of work and household responsibility

Number of types of club attended	Working		Not working		All impaired %
	and doing most of household chores %	but not doing most of household chores %	but doing most of household chores %	and not doing most of household chores %	
One	84	87	77	86	83
Two	15	11	20	12	15
Three	1	2	3	2	2
No. on which % based	181	647	1,341	1,096	3,274

21.10 Comparison of local authority centre-goers with members of clubs for the disabled

We thought that it might be interesting to compare the type of clientele using clubs for the disabled or handicapped with that using the local authority centres for the physically handicapped. The main reason for this is to determine how

much 'dual' membership there is—also, to see whether we can determine why disabled persons eligible for both types choose one rather than another.

(i) *Comparison of conditions catered for*

Rather than begin by comparing the age and sex compositions or the degree of handicap catered for, we decided that it would be best to examine first the types of condition since the local authority centres are more usually for the physically handicapped, and this may be one reason why those with a sensory impairment and only a very minor motor impairment who attend clubs for the handicapped (we included clubs for the blind) do not attend centres.

Table 101 shows the main disability pattern for local authority centre-goers and for members of clubs for the disabled.

The most striking difference between the two groups is in the proportions whose main disability is blindness or some other sensory impairment. Twenty-two per cent of those attending clubs for the disabled have blindness as a main disability and 20% have some other major sensory impairment. For the local authority centre-goers, the corresponding proportions are, in both cases, 6%. For the sample as a whole the proportions blind are lower (2.3%).

For both centre-goers and members of clubs for the disabled the most frequently mentioned main disability is a disorder of the central nervous system. Thirty per cent of centre-goers and 25% of members of clubs for the disabled

Table 101

Main disability group of centre-goers and members of clubs for the disabled

Main disability group	Centre-goers %	Members of clubs for the disabled %
Infective and parasitic diseases	1	2
Neoplasms	—	*
Allergic, endocrine, metabolic and nutritional diseases	2	2
Diseases of blood and blood-forming organs	1	1
Mental, psycho-neurotic and person- ality disorders	6	7
Diseases of central nervous system	30	25
Diseases of circulatory system	13	4
Diseases of respiratory system	5	4
Diseases of digestive system	—	*
Diseases of genito-urinary system	3	—
Diseases of sense organs (excluding blindness)	6	20
Diseases of skin and cellular tissue	2	—
Diseases of bones and organs of movement	26	21
Congenital malformations	2	*
Injuries	7	1
Senility and ill-defined conditions	—	—
Amputees	3	3
Blind	6	22
No. on which % based	175	262

*less than 0.5%

claim that their main disability is a central nervous system disorder. (For the sample as a whole the corresponding proportion is 12% and for those impaired aged under 65, 15%.) Fourteen of the 39 dual members of centres and clubs for the disabled have a major central nervous system disorder.

(ii) *Comparison of age and sex composition of the two clienteles*

Table 102 compares the age and sex composition of the two clienteles.

It is apparent that there is comparatively less difference between the age groups for members of disabled clubs. This group contains higher proportions at both ends of the age range than does the group of centre members. Whereas 78% of centre-goers are in the three middle age groups—30 to 74—the corresponding proportion for members of disabled clubs is 65%.

TABLE 102
Age and sex composition of centre-goers and members of clubs
for the disabled

Age and sex	Centre-goers %	Members of clubs for the disabled (handicapped, blind) %
16-29	10	14
30-49	19	17
50-64	33	28
65-74	26	20
75 and over	12	21
All men	39	34
All women	61	66
No. on which % based	175	262

There is some overlap in membership. Twenty-two per cent of centre-goers in our sample are also members of clubs for the disabled. Fifteen per cent of members of clubs for the disabled are also centre-goers. One in 10 of the members of centres or clubs attends both.

Table 103 gives the proportions of members of local authority centres or clubs for the disabled who are members of centres only, clubs only or both.

Dual membership is most likely in the 50 to 64 age group (19%) although for the two youngest age groups more than one in 10 of club or centre-goers attend both clubs and centres. The most striking point is the difference in the pattern after the age 65. Only 4% of those aged 65 to 74 attending centres or clubs attend both, and for the age group 75 and over the two groups are distinct with no dual membership at all.*

Women are apparently more likely to be dual members than men. Twenty-two of the 39 dual members are women aged 30 to 64 and 15 are women aged 50 to 64.

* This may justify further investigation. Perhaps the elderly centre-goers have been members for some years. It would be interesting to know how long they have been attending and to determine how much recruitment there is among persons disabled after the age of 65.

TABLE 103

Extent of dual membership among impaired men and women in different age groups who are centre-goers or members of clubs for the disabled

Attendance at centres for the disabled	Those impaired attending centres or clubs for the disabled						
	Age group				All men %	All women %	All men and women %
	16-49 %	50-64 %	65-74 %	75 and over %			
Attends centre only	31	34	44	27	39	32	34
Attends club for disabled only	57	47	51	73	53	58	56
Attends both centre and club for disabled	12	19	4	—	8	11	10
No. on which % based	118	111	93	77	145	253	399

(iii) *Comparison of centre-goers and members of clubs for the disabled with regard to degree of handicap*

Table 104 shows the proportions of centre-goers and of members of clubs for the disabled with various degrees of handicap.

Although there is only a 1% difference between the proportions within the two groups who are very severely handicapped, the centre-goers are comparatively more severely handicapped than the club members. Whereas only 43% of impaired members of clubs for the disabled have appreciable or more severe handicaps, the corresponding proportion for centre-goers is 63%.

The lower handicap rate for members of clubs for the disabled is to be expected since members of clubs for the blind have been included and the proportions of members with sensory as opposed to motor impairments is higher than among centre-goers.

TABLE 104

Level of handicap of centre-goers and of members of clubs for the disabled

Degree of handicap	Centre-goers %	Members of clubs for the disabled %
Very severe handicap	6	5
Severe handicap	25	18
Appreciable handicap	32	20
Minor or no handicap	37	57
No. on which % based	175	262

(iv) *Reasons for non-attendance of centre-goers at clubs*

Table 105 shows the club activity pattern for centre-goers.

The majority of centre members do not go to clubs of any kind although, with 46% attending clubs of some kind, centre-goers have a higher club

attendance rate than any category of handicap, mobility group or age-sex group except for the men aged 16 to 29 who have the same rate.

Where centre-goers do not attend clubs this is more likely to be for a reason other than disability, although a large minority (44%) give disability as a reason for non-attendance.

Of those centre-goers who do attend clubs, almost half go to a club for the disabled. The younger centre-goers are more likely to go to clubs, and, moreover, where they go to clubs to use clubs for the disabled. Only four of the 28 centre-goers aged 65 or over who attend clubs use a club for disabled people.

TABLE 105
Club activity pattern of centre-goers

Club activity	Centre-goers %
<i>Does not go to clubs</i>	
because of disability	21
for other reason	27
reason unknown	5
<i>Goes to clubs</i>	
for the disabled	22
of other kinds only	24
No. on which % based	174

(v) *Reasons for non-attendance at local authority centres for those attending clubs for disabled*

Table 106 shows the extent of knowledge of the existence of a centre locally among those impaired persons who attend clubs for the disabled.

Fifteen per cent of members of clubs for the disabled also attend local authority centres. Five per cent go to a special centre, half of these persons being mentally subnormal.

TABLE 106
Accessibility, knowledge and use of local authority centres for the physically handicapped among those impaired who visit clubs for the disabled (including clubs for the blind)

Knowledge/use of local authority centre	Members of clubs for the disabled %
No information on centre knowledge (workers)	13
"Not physically handicapped"	5
Never heard of local centre*	49
Goes to 'special centre' (not local authority)	5
Knows of local centre and attends	15
Knows of local centre but cannot get there	2
Knows of local centre and could get there, but does not go	15
No. on which % based	257

* includes one person claiming to have "no centre" locally

The majority of club members who do not attend centres have never heard of a local centre. However, a minority have heard of one that they could get to but do not go. Some of these persons have obviously been to centres and given them up in favour of clubs. The most frequently mentioned reasons for non-attendance are that the subject is not interested, that the club times and centre times clash or that the activities at the centre do not appeal.

22.0 ABILITY TO ATTAIN DESIRED DESTINATIONS

22.1 Introduction

Subjects who were not housebound were asked whether there was anywhere that they would like to go but were prevented from going simply because of their respective conditions.* Where the subject was prevented from going somewhere he wanted to go he was asked whether this was because his condition made it hard for him to get there or because once there he could not get in.

Here, in a sense, we cover the problem of 'access'—both access in the wider sense of the ability to get from the home situation to the destination, and in the narrower sense of the ability to get inside the destination building once the first problem has been overcome. Our information is limited, of course, in that we only have information on difficulty of access from persons who found it impossible to get to some place that they wanted to go. We may assume that there are many more amongst those who can get to all the destinations that they want to who do so only with difficulty.†

Amongst the impaired there are certainly some people with no access problem in that they could get to all the places that they wish to go and could get in once there but who are prevented from going by other factors related to their disability. An individual's condition may affect his ability to enjoy or participate in an activity whether or not he can get to the venue. Some conditions affect the ability to sit or stand for long periods and whilst these may or may not affect the ability to travel to the desired destinations they may influence, directly or indirectly, the desire to go. In the case of conditions which make standing difficult this will presumably affect the ability to attend sports' fixtures, particularly football matches, for although seats are available the extra cost may be prohibitive.‡

* Where the subject replied "No/Nowhere" this might mean either that the subject could get to all the places that he wanted to or that he was restricted in his ability to get out and about but had nowhere that he wanted to go.

We shall refer here to 'destinations' although in some cases informants have given 'activities' such as 'visiting', 'shopping' and 'watching sport'.

† Sections 4 to 8 of the Chronically Sick and Disabled Persons Act 1970 take the first statutory steps towards enabling people who rely on crutches or walking aids or wheelchairs and others who cannot easily manage steps or stairs to participate more fully in social and cultural life. For example, section 4(1) of the Act states

"Any person undertaking the provision of any building or premises to which the public are to be admitted, whether on payment or otherwise, shall, in the means of access both to and within the building or premises, and in the parking facilities and sanitary conveniences to be available (if any), make provision, in so far as it is in the circumstances both practicable and reasonable, for the needs of members of the public visiting the building or premises who are disabled".

(This particular section of the Act does not extend to university and school buildings but similar provisions are made in regard to these buildings under section 8 of the Act.)

‡ Moreover, the ability to go to and the desire to get to places such as cinemas and theatres will be affected by the availability of suitable sanitary conveniences.

In Selwyn Goldsmith's study of disabled drivers in Norwich (1968) by far the most frequently mentioned destinations to which the disabled would like access made easier were

Our questions on access referred to difficulties in getting to or into a place, *not* in taking part in activities once there and therefore certain types of answers were excluded at the coding stage. All references to active participation in sports or other strenuous activities were deleted together with answers where the reason specified for inability to get to a destination related neither to difficulty in getting to the place nor to difficulty in getting in once there.* In such cases, where there was no codable answer to fit our access concept, the subject was treated as having nowhere that he was prevented from going.

Thirteen per cent of the impaired sample were housebound and were not asked the questions on access. Amongst the non-housebound the vast majority (87%) say they are not prevented from going anywhere they wish to go by access problems associated with their particular conditions. However, presumably there are many amongst them who have *difficulty* in getting to places they want to for 23% of those replying 'nowhere' are only able to get out of the house on their own with the help of aids or with difficulty, and a further 10% need someone else's help to get out.

Of the small minority of the non-housebound who give a destination to which they are prevented from going, 22% mention 'shops' or 'shopping' and 20% 'visiting friends or relatives'. Other destinations or activities mentioned by those non-housebound who are prevented from going somewhere include 'clubs/pubs/bingo' (18%), 'cinema/theatre' (15%) and 'outings' (12%). No other specific destination is mentioned by as many as 10% of these respondents although one in 10 gives 'other destinations'—for example, back to work, visiting or travelling abroad, night school.

As is to be expected, almost all of those who are prevented from going somewhere that they wish to go claim that this is because they find it hard to get there (96%). Only four in a hundred have no difficulty getting to the destination. A minority of 13% of those unable to get to a destination claim that this is because they cannot get in once there.

22.2 Ability to attain desired destinations for the impaired in various age groups

Since the question on ability to reach destinations did not apply to the housebound it did not apply to all age groups equally.

Table 107 shows the proportions within each age group who are housebound and to whom the access questions were not put, together with the proportions who are not housebound but who are prevented from going somewhere they wish to go by access problems associated with their main disabilities and the proportions who are able to get to all the destinations that they wish.

* 'public lavatories' (64 mentions as against the next most frequently mentioned destination—'cinemas', 17).

One can understand informants not mentioning 'toilets' in answer to our question on places that they wanted to go—presumably they are not thought of in these terms and informants have given real destinations and not considered amenities within them. We can find only one reference to public toilets amongst the answers from the 1,443 persons unable to attain a destination. This came from a wheelchair user who stated that he often wanted to visit a public toilet but could not always get in.

The Chronically Sick and Disabled Persons Act 1970, provides for the provision of suitable public sanitary conveniences for the disabled by the local authorities and the provision of suitable sanitary conveniences at certain premises open to the public.

* In addition, since holidays were covered separately at question 38, all references to them at these questions were disregarded the answers specified being treated with the relevant section of question 38.

TABLE 107
Ability to attain desired destinations for impaired men and women in various age groups

Ability to attain desired destinations	Men aged						Women aged						Men and women aged					
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All men %	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All women %	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All men and women %
All housebound	*	1	4	9	18	8	4	5	7	13	32	17	2	3	6	11	28	13
Non-housebound																		
Prevented from going some-where	5	10	11	12	11	11	12	11	12	14	11	12	8	10	12	13	11	12
Not prevented from going anywhere	94	89	85	79	71	81	84	84	81	73	57	71	90	87	82	76	61	75
No. on which % based	196	801	1,641	1,456	980	5,074	159	695	1,783	2,276	2,559	7,472	355	1,496	3,424	3,732	3,539	12,546

* less than 1%

TABLE 108
Ability to attain desired destinations for those impaired men and women in various age groups who are not housebound

Ability to attain desired destinations	Men aged						Women aged						Men and women aged					
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All men %	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All women %	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All men and women %
Prevented from going somewhere Not prevented from going anywhere	5	9	11	13	14	11	13	11	22	16	16	15	9	10	12	15	15	13
	95	91	89	87	86	89	87	89	78	84	84	85	91	90	88	85	85	87
No. on which % based	194	790	1,572	1,327	793	4,677	154	663	1,664	1,962	1,730	6,174	348	1,453	6,236	3,289	2,523	10,851

If one assumes that the housebound are prevented from going to places that they wish to because of their disability then there is a trend with age in the proportions able to reach destinations from a high of 90% for the youngest age group down to a low of 61% for the eldest.

There is generally little variation in the proportions within the age-sex groups who are non-housebound and prevented from going somewhere that they wish to go to. The exception is amongst the young men aged 16 to 29 who are less severely handicapped than other age-sex groups.

Table 108 shows the proportions of the non-housebound populations within the age groups who are prevented from going somewhere that they wish to go by access problems associated with their main disabilities together with the proportions who are not restricted in this way.

The overwhelming majority in all age groups have nowhere that they are prevented from going. There is little variation between age groups although the proportions claiming to be prevented from reaching destinations tends to increase with age. This is not true for both sexes. Although the proportion claiming to be restrained increases with age for impaired men there is no such pattern for women. The age-sex group least affected is the young men aged 16 to 29 and the age-sex group most affected is the women aged 50 to 64. Women are apparently more restrained at all ages than the men. This is to be expected since they are comparatively more severely handicapped.

Table 109 shows the type of destination to which impaired men and women aged under 65 or aged 65 or over are prevented from going as a result of access problems associated with their main disabilities.

The most marked differences in the patterns between the sexes are in the proportions mentioning "shops/shopping", important for the women, and

TABLE 109

Type of destination unattainable for those impaired men and women aged 16 to 64 and 65 or over who are not housebound but are prevented from going somewhere they wish to go as a result of access problems associated with their main disabilities

Unattainable destination (activity)	Men aged			Women aged			Men and women aged		
	16-64 %	65 and over %	All men %	16-64 %	65 and over %	All women %	16-64 %	65 and over %	All men and women %
Anywhere	10	6	8	6	4	5	8	5	6
Shops	8	10	9	29	30	30	19	24	22
Cinema/theatre	19	9	14	20	14	16	20	12	15
Clubs/pubs/bingo	20	18	19	19	18	17	18	18	18
Outings	14	14	14	10	11	11	12	12	12
Parks	11	11	11	9	6	7	10	8	9
Visiting friends/relatives	14	21	18	19	23	22	17	22	20
Sport (as spectator)	22	13	18	2	—	1	11	4	7
Church/church activities	1	5	3	6	12	10	4	10	7
Other destinations	16	9	12	11	8	9	13	8	10
No. on which % based*	266	284	551	315	578	893	581	862	1,443

* proportions add to more than 100 since some subjects give more than one place to which they are prevented from going

"watching sport" in which only a few young women are affected, compared with a fifth of the younger men and a tenth of the elderly men.* The differences in the proportions restrained in access to "church/church activities" are not unexpected. Church worship tends to appeal more to the elderly than to the young and especially to elderly women. As for church activities, they either appeal more to women or exist more for women.

As for differences between the age groups, these are most marked for 'cinema, theatre' and 'watching sport' both more important for the young, and for 'shops', 'visiting' and 'church' all more important to the elderly.

22.3 Ability to attain desired destinations for those with various degrees of handicap

Table 110 gives the proportions within the various handicap groups who are housebound together with the proportions not housebound but prevented from going somewhere that they want to go and those able to go everywhere that they wish.

TABLE 110
Ability to attain desired destinations for those with various degrees of handicap

Ability to attain desired destinations	Degree of handicap					
	Very severe handicap %	Severe handicap %	Appreciable handicap %	Handicapped (Categories 1-6) %	Minor/no handicap %	All impaired %
Housebound	68	26	15	26	6	13
Non-housebound						
Prevented from going somewhere	10	18	18	16	8	12
Not prevented from going anywhere	22	56	67	58	86	75
No. on which % based	626	1,409	2,430	4,465	7,628	12,546

If we assume that the housebound are deprived in their ability to get to places they would like to, then there is a marked variation in deprivation between handicap groups, the proportion, non-housebound and able to get to all the destinations that they wish, falling from a high of 86% for those impaired with no handicap or only a minor one to a low of 22% for the very severely handicapped.

Table 111 shows the proportions of the non-handicapped in the various handicap groups who are prevented or not prevented from going to places that they want to.

It is apparent that the proportion affected in their ability to attend wherever they wish increases with severity of handicap. However, even amongst the very severely handicapped 69% claim to have nowhere that they wish to go that they are prevented from going to.

* Although ordinary shopping for household necessities can often be delegated, specialist shops like entertainment buildings, must be enjoyed in person. For women, even ordinary shopping trips can be a source of enjoyment and a means of social contact.

TABLE 111

Ability to attain desired destinations for those with various degrees of handicap who are not housebound

Ability to attain desired destinations	Degree of handicap					
	Very severe handicap %	Severe handicap %	Appreciable handicap %	Handi-capped (Categories 1-6) %	Minor/no handicap %	All impaired %
Prevented from going somewhere	31	24	20	22	9	13
Not prevented from going anywhere	69	76	80	78	91	87
No. on which % based	183	1,033	2,061	3,277	7,128	10,851

Table 112 shows the type of destination mentioned by those in the various handicap groups who are prevented from going to places that they wish to go by access problems associated with their main disabilities. There is little variation in that type of destination mentioned between those in the various groups.

TABLE 112

Type of destination unattainable for those with various degrees of handicap who are not housebound but who are prevented from going somewhere that they want to go by access problems associated with their main disabilities

Unattainable destination (activity)	Degree of handicap				
	Severe or very severe handicap %	Appreciable handicap %	Handi-capped (Categories 1-6) %	Minor/no handicap %	All impaired %
Anywhere	6	5	5	6	6
Shops	24	21	22	22	22
Cinema/theatre	19	13	15	15	15
Clubs/pubs/bingo	16	19	18	18	18
Outings	11	17	15	10	12
Parks	9	6	7	11	9
Visiting friends/relatives	15	20	18	22	20
Sport (as spectator)	5	8	7	7	7
Church/church activities	9	8	8	6	7
Other destinations	9	10	10	10	10
No. on which % based*	302	421	723	675	1,443

* proportions add to more than 100 since some subjects give more than one place to which they are prevented from going

Table 113 shows the proportions within the handicap groups who are prevented by difficulty in getting to their destinations and the proportions prevented by difficulty in access once there.

There is almost no variation between the handicap groups in the proportions claiming to find it hard to get there. There is some minor variation in the proportions claiming difficulty in access, these proportions increasing from 11% for

TABLE 113

Reasons preventing non-housebound persons with various degrees of handicap from going somewhere they wish to go

Reason for inability to attain desired destinations	Degree of handicap				
	Severe/ very severe handicap %	Appreciable handicap %	Handi- capped (Categories 1-6) %	Minor/no handicap %	All impaired %
Hard to get there	95	96	96	97	96
Cannot get in once there	19	13	15	11	13
No. on which % based*	301	417	718	672	1,443

* proportions add to more than 100 since some subjects give both reasons

those with no handicap or only a minor one to 19% for the severely or very severely handicapped.

22.4 Ability to attain desired destinations for the impaired in various mobility groups

Table 114 shows the proportions within the mobility groupings of the non-housebound population who claim to be restrained in their ability to reach objectives, and the proportion who claim to be able to get to all the places they wish.

TABLE 114

Ability to attain desired destinations for those non-housebound with various levels of mobility

Ability to attain desired destinations	Mobility			All non-housebound %
	Egress on own without aids or difficulty %	Egress on own with aids or difficulty %	Dependent on someone else's help for egress %	
Not prevented from going anywhere	94	76	74	87
Prevented from going somewhere	6	24	26	13
No. on which % based	6,677	2,840	1,304	10,851

Only 6% of those able to get out on their own without aids or difficulty are prevented from going somewhere. Amongst those who can only get out on their own with aids or difficulty and those dependent on someone else's help for egress the corresponding proportions are rather higher—24% and 26% respectively. It is perhaps surprising that the proportions restrained within the two more immobile groups are not higher.

Table 115 gives the types of destinations to which the impaired in the various mobility groupings are prevented from going. There is generally little difference between the groups except that the proportion mentioning 'shops' increases with the degree of immobility. The most frequently mentioned destination among

TABLE 115

Type of destination unattainable for those non-housebound with various levels of mobility who are prevented from going somewhere that they wish to go as a result of access problems associated with their main disabilities

Unattainable destination (activity)	Mobility			All non- housebound %
	Egress on own without aids or difficulty %	Egress on own with aids or difficulty %	Dependent on someone else's help for egress %	
Anywhere	7	6	6	6
Shops	15	22	28	22
Cinema/theatre	10	18	15	15
Clubs/pubs/bingo	19	19	14	18
Outings	12	13	10	12
Park	10	10	5	9
Visiting friends/relatives	21	21	18	20
Sport (as spectator)	8	7	6	7
Church/church activities	7	8	7	7
Other destinations	12	8	12	10
No. on which % based*	418	685	338	1,443

* proportions add to more than 100 since some subjects are prevented from going to more than one destination

those with egress on their own without aids or difficulty is visiting. For this group 'shops/shopping', which ranks first for the other groups and for the sample as a whole, ranks third (behind clubs, etc.). The low proportion mentioning 'parks' among those who can only get out if accompanied is probably a reflection of youth and female sex.

22.5 The severity of the access problem for the various unattainable destinations

We should have liked to link the reason for the subjects' inability to reach destinations with each particular destination mentioned. However, because of the

TABLE 116

Type of destination unattainable for those non-housebound who are prevented from going to one particular destination because they find it hard to get there or cannot get in once there

Unattainable destination (activity)	Reason preventing subject from going		All mentioning only one destination %
	Cannot get there %	Cannot get in once there %	
Anywhere	7	5	7
Shops	17	11	17
Cinema/theatre	10	37	12
Clubs/pubs/bingo	14	6	13
Outings	9	5	8
Park	7		6
Visiting friends/relatives	18	15	18
Sport (as spectator)	4	14	6
Church/church activities	6		5
Other destinations	8	8	8
No. on which % based	1,084	108	1,126

way the questions were put this is impossible. We can only connect the reason for inability directly with the destination in cases where the subject gave only one destination (78% of cases).

Table 116 shows the type of destination mentioned by those restrained by difficulty in getting to or difficulty in access to one destination.

Thirty-seven per cent of those with an access problem mention 'cinemas, etc.'. The other destination in which the problem of access is important is sports' venues.

Although only 10% of those mentioning only one destination have an access problem, amongst those restrained in their ability to go to 'cinemas, etc.' the corresponding proportion is 30%. Fifteen of the 57 who mention only 'watching sport' have an access problem.

For a few destinations the problem of access is important but generally the major reason for inability to reach destinations is difficulty in getting to them.

22.6 The severity of the access problem for those possessing various walking aids

Table 117 gives the reason for inability to get to destinations given by persons in possession of various types of walking aid.

TABLE 117

Reason preventing non-housebound persons in possession of various types of walking aids from going somewhere they wish to go

Reason preventing subject from going	Walking aid possessed				No walking aids %	All prevented from going somewhere they want to go %
	Sticks %	Walking frame/crutches %	Wheel-chair %	Calipers and other aids %		
Hard to get there	98	86	87	91	98	96
Cannot get in once there	12	39	42	22	7	13
No. on which % based*	638	102	112	101	675	1,443

* proportions add to more than 100 since some subjects have given both reasons

Although difficulty in getting to places is by far the most restraining influence for all groups, the access problem is important for those with certain types of aid. Thirty-nine per cent of the impaired who have a walking frame or crutches claim that they cannot get in once there. For wheelchair owners the corresponding proportion is even higher at 42%. Both of these types of aid present particular problems in access to cinemas and theatres.

22.7 Conclusions on the severity of the problem of access

We may draw the following conclusions from this evidence:

- (i) the majority of non-housebound persons in all handicap groups are able to get to all the places they wish to
- (ii) for the minority who are prevented by access problems associated with their particular conditions from going somewhere they would like to this is almost always because they find it hard to get there, although a small minority find it impossible to get into buildings once there.

The provisions of the Chronically Sick and Disabled Persons Act 1970 in regard to access, whilst alleviating the problem for minorities of the handicapped and impaired will not affect the 26% of those with an appreciable or more severe handicap who are housebound, nor the further 15% who are prevented from going to places they wish to by difficulties in travelling (indeed, nor will they alleviate the travelling problems for those handicapped who can get to places that they wish to but only with difficulty). They will, of course, alleviate some of the access problems for the disabled but by no means in all cases nor at all places.

Perhaps the most needed developments are those that would enable the disabled to use the public transport system more easily.

23.0 HOLIDAYS FOR THE IMPAIRED

Under the provisions of the Chronically Sick and Disabled Persons Act 1970, the local authorities in England and Wales having welfare functions under section 20 of the National Assistance Act 1948 are required to assess the needs of substantially and permanently handicapped individuals in their area in regard to various welfare matters, including holidays.* If the local authority is satisfied that an individual is in need in any or all of these matters, they are to make arrangements that are appropriate to his or her case and consequently may facilitate the taking of holidays by a disabled person in cases where they consider this necessary to meet the needs of the individual involved.†

There is a tendency nowadays for most people to take for granted an annual holiday. However, for the old and the impaired in general, and for the handicapped in particular, we can expect the ability and, in some cases, even the desire to take a holiday to be restricted. All persons in the sample were asked about holidays.

23.1 Length of time since last holiday

All subjects were asked when they last had a holiday.‡

Table 118 shows the length of time since last holiday for the impaired in various age groups.

Forty-three per cent of all impaired persons have had a holiday less than a year ago and 65% within the last three years.§

It is apparent that the younger impaired are rather better-off as regards recent holidays than their elders. Half of those aged 30 to 49 and 57% of those aged 16 to 29 have had a holiday less than a year ago. The age group most deprived as regards holidays is the eldest, those aged 75 or over, in which only 34% have had a holiday in the last year and 46% have not had a holiday in the last three years. Even taking into account all holidays in the last 10 years the eldest group stands out as relatively severely deprived; 31% of this group have not had a holiday in the last 10 years.

* Chronically Sick and Disabled Persons Act 1970, section 2(1). This section does not apply to Scotland.

† Most authorities already provided holidays under existing powers.

‡ A holiday was defined and explained to the informant as "at least a week away from home for pleasure".

§ By "within the last three years" we mean three years ago or more recently.

We estimate that some 96% of those holidaying in the last year had their main disability at the time. The corresponding proportion of all those holidaying in the last three years is 90%.

TABLE 118
How long ago last had a holiday for impaired men and women in various age groups

How long ago last had a holiday	Men aged						Women aged						Men and women aged					
	16-29 Cum. %	30-49 Cum. %	50-64 Cum. %	65-74 Cum. %	75 and over Cum. %	All ages Cum. %	16-29 Cum. %	30-49 Cum. %	50-64 Cum. %	65-74 Cum. %	75 and over Cum. %	All ages Cum. %	16-29 Cum. %	30-49 Cum. %	50-64 Cum. %	65-74 Cum. %	75 and over Cum. %	All ages Cum. %
Less than a year ago	57	46	46	39	29	41	59	53	52	44	36	45	57	50	49	42	34	43
Within the last 3 years	83	69	66	64	49	64	82	72	73	69	56	66	82	71	70	67	54	65
Within the last 5 years	86	75	72	72	56	70	86	78	79	75	63	72	85	76	75	74	61	71
Within the last 10 years	90	82	79	80	66	76	89	84	85	83	71	80	89	82	82	82	70	78
All who have had a holiday at some time	96	96	97	97	96	96	96	97	98	98	97	98	96	96	97	98	97	97
No. on which % based	206	812	1,652	1,474	995	5,140	159	701	1,788	2,294	2,579	7,518	365	1,513	3,440	3,768	3,574	12,662

Women are generally better-off than men as regards the proportions holidaying recently. The difference is particularly marked in the eldest age group.

Table 119 shows the length of time since the last holiday for the impaired with various degrees of handicap.

At least 95% in each group claim to have had a holiday at some time.

The relationship between level of handicap and the holiday pattern is apparent. The proportions holidaying in the last year range from 46% for the impaired non-handicapped down to 21% for the very severely handicapped. A majority in all groups except the very severely handicapped have had a holiday in the last three years.* Three-fifths of the very severely handicapped have not had a holiday within the last three years. The difference between the impairment groups lessens the further one goes back although, even if one takes the proportions holidaying within the last 10 years, the difference between the severely

TABLE 119

How long ago last had a holiday for impaired persons with various degrees of handicap

How long ago last had a holiday	Degree of handicap					
	Very severe handicap cum. %	Severe handicap cum. %	Appreciable handicap cum. %	Handicapped (Categories 1-6) cum. %	Minor/no handicap cum. %	All impaired cum. %
Less than a year ago	21	36	43	38	46	43
Within last 3 years	40	60	63	59	69	65
Within last 5 years	49	67	70	66	74	72
Within last 10 years	62	77	78	75	81	79
All who say that they have had a holiday at some time	95	98	98	97	97	97
No. on which % based	645	1,416	2,445	4,506	7,690	12,662

handicapped and the very severely handicapped is marked. Thirty-eight per cent of the very severely handicapped have not had a holiday within the last 10 years and a quarter say that their last holiday was more than 20 years ago or "too long ago to remember".

As is to be expected, there are marked differences in the proportions within mobility groups who have had a holiday in the last three years.

Whereas 70% of those who are able to get out of the house on their own have had a holiday in the last three years the corresponding proportion for those dependent on someone else's help for egress is 60%. Naturally, the housebound are especially hard hit; only 40% have had a holiday in the last three years. The

* We have no comparable figures for an unimpaired population. However, if we examine the recent holiday pattern of those only recently disabled (less than a year ago) we find that 61% have not had a holiday since their disability started and 35% have not had a holiday in the last three years. Going a little further back, 27% have not had a holiday in the last five years and 21% have not had one in the last 10 years.

There is apparently no simple relationship between the *length of time* a person has been disabled and the recent holiday pattern. Sixty-five per cent of those disabled more than 30 years ago have had a holiday in the last three years. This is exactly the same proportion as among those whose main disability began causing trouble *less* than a year ago.

TABLE 120

Proportions of impaired men and women with various levels of joint income who have had a holiday in the last three years

Joint income (per week)	Men %	Women %	Men and Women %
Under £8	67	61	64
£8-£9 19s.	56	62	59
£10-£12 19s.	55	62	59
£13-£16 19s.	62	71	66
£17-£19 19s.	72	77	74
£20-£24 19s.	78	81	79
£25 and over	88	89	88
All on joint incomes	67	71	66

very old housebound are particularly badly off, only 37% having had a recent holiday. The elderly who are dependent for egress also have a low rate, 56% (65 to 74) and 53% (75 or over). Men dependent for egress are worse off than the women (54% as against 61%).

To the normal healthy person free to take a holiday perhaps the most common obstacle is lack of funds. We have already noted the low incomes of the impaired. Although holidays—particularly as we have defined them—need not be very expensive, we should expect that those impaired with higher incomes would be more likely to have had a recent holiday.

Tables 120 and 121 show the proportions of impaired men and impaired women with various levels of joint and single weekly income who have not had a holiday within the last three years.

In Table 120 we see that the proportions of those on joint incomes (married persons living with their spouse) who have had a holiday in the last three years are higher at the higher income levels than at the lower. However, we do not have a perfect trend with income level for the proportion of those with a joint weekly income of less than £8, who have had a recent holiday, is higher than among those with slightly higher incomes.

The pattern is not the same for both sexes. For women there is a tendency

TABLE 121

Proportions of impaired men and women with various levels of single income who have had a holiday in the last three years

Single income (per week)	Men %	Women %	Men and women %
Under £4	[18] [40]	44	44
£4-£4 19s.	60	52	54
£5-£5 19s.	31	59	53
£6-£6 19s.	51	64	62
£7-£7 19s.	58	63	62
£8-£9 19s.	43	66	59
£10-£14 19s.	54	71	64
£15 and over	80	87	84
All on single incomes	54	62	60

TABLE 122

Recent holiday pattern/desire for holidays among impaired men and women in various age groups

Recent holiday pattern/desire for holidays	Men aged						Women aged						Men and women aged				
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %
Holiday in last 3 years	83	69	66	64	49	64	82	72	73	69	56	66	82	71	70	67	54
No holiday in last 3 years																	
but offered one in last 2 years	3	4	4	8	11	7	4	6	6	7	10	7	4	5	5	7	10
and no offer in last 2 years but wants to go away	6	18	15	13	9	13	9	14	12	8	7	9	8	18	14	10	8
and no offer and does not want to go away anyway	4	7	13	13	23	14	—	6	8	14	22	14	2	7	10	14	22
and no offer—no information on desire for holidays (mostly proxy interviews)	3	1	1	1	5	2	3	2	1	1	5	3	3	1	1	1	5
no information on offers/desire	1	1	1	1	1	1	1	—	1	1	1	1	1	*	1	1	1
No. on which % based	206	812	1,652	1,474	995	5,140	159	701	1,788	2,294	2,579	7,518	365	1,513	3,440	3,768	3,574
																	12,662

* less than 0.5%

for the proportions holidaying in the last three years to increase with income. Impaired married men have lower holidaying rates at all levels of income except for the lowest.

For those on single incomes (single and widowed persons and separated married persons) there is a tendency for the proportions holidaying in the last three years to increase with income level. Forty-four per cent of those with a single weekly income of less than £4 have had a holiday in the last three years compared with 84% of those with more than £15 a week.

As with joint incomes, among those on single incomes the women are more likely to have had a holiday recently than are the men. This pattern is true at almost all single income levels.

23.2 Recent holiday pattern and desire for holidays

In Table 122 we have taken into account the refusal of recent offers of holidays and the desire for holidays among those who have neither had a holiday within the last three years nor received an offer of one in the last two years.

Although a majority in all age-sex groups have either had a holiday in the last three years or received an offer in the last two years, in some age-sex groups sizeable minorities have neither had a recent holiday nor a recent offer of one.

TABLE
Recent holiday pattern/desire for holidays among im

Recent holiday pattern/desire for holidays	Men aged											
	16-64				65 and over				All ages			
	Md. %	S. %	W. %	All %	Md. %	S. %	W. %	All %	Md. %	S. %	W. %	All %
Had holiday in last 3 years	70	62	57	68	62	35	51	58	66	57	52	64
No holiday in last 3 years but offered one in last 2 years	3	7	8	4	8	7	12	9	6	8	11	7
and not offered one in last 2 years but would like to go away	16	10	18	15	10	15	14	11	14	11	14	13
and not offered one and does not want to go away anyway	9	13	15	10	16	34	18	17	12	18	18	14
not classified	1	7	2	2	4	8	5	4	2	6	5	3
No. on which % based	2,120	423	125	2,668	1,685	107	676	2,468	3,805	530	801	5,136

* less than 0.5%

The size of this minority ranges from a low of 14% for the youngest age group (16 to 29) up to a high of 36% for the eldest age group, those aged 75 or over. At all ages a higher proportion of impaired men than of impaired women are in this deprived group.

Where there has been neither a holiday nor an offer, there is a tendency for those aged under 65 to desire a holiday whereas those aged over 65, in particular those aged 75 or over, tend to say that they do not want to go away. As far as the men are concerned, the change in attitude is less pronounced.

The ability to take holidays and, indeed, the desire to take holidays, will be affected by marital status. One may expect the widowed, being older and less secure financially, to be relatively deprived and the younger married persons, whose disability restricts their ability to take holidays, may be affected in their desire for holidays if they cannot go with their spouses.

Table 123 illustrates variations in the recent holiday pattern and the desire for holidays among those impaired men and women in various age and marital status groups.

A majority in all marital status groups have had a holiday in the last three years, although the proportion for widowed persons and for single men is less

123

paired men and women in various age/marital status groups

Women aged											
16-64				65 and over				All ages			
Md. %	S. %	W. %	All %	Md. %	S. %	W. %	All %	Md. %	S. %	W. %	All %
77	67	68	73	66	66	59	62	72	67	60	65
4	7	8	6	7	5	9	8	6	6	9	7
12	10	16	12	9	7	7	7	10	8	8	9
6	12	8	7	14	21	19	18	10	17	18	14
1	4	*	2	3	1	6	5	2	3	5	4
1,708	447	488	2,643	1,429	556	2,881	4,866	3,137	1,003	3,369	7,509

than 60%. Women are generally less deprived in their ability to take holidays. Among the elderly, the proportions within marital status-sex groups are in all cases smaller. The group with the lowest proportion holidaying in the last three years is the small group of single men aged 65 or over, only 35% of whom have had a holiday in the last three years, and 57% of whom have had neither a holiday nor a recent offer of one.

Among those who have had neither a holiday nor a recent offer of one, the younger married and widowed persons are more likely to desire a holiday than younger single persons, and among those aged 65 or over again single people are less inclined to want to get away.

TABLE 124

Recent holiday pattern/desire for holidays among impaired persons with various degrees of handicap

Recent holiday pattern/ desire for holidays	Degree of Handicap					
	Very severe handi- cap %	Severe handi- cap %	Ap- preciable handi- cap %	Handi- capped (cate- gories 1-6) %	Minor/ no handi- cap %	All im- paired %
Had holiday in last 3 years	40	60	63	59	69	65
No holiday in last 3 years but offered one in last 2 years	10	9	8	9	6	7
and no offer but would like to go away	7	13	13	12	10	11
and no offer and does not want to go away anyway	22	16	14	16	13	14
and no offer—no information on desire for holiday (mostly proxy interviews)	21	1	1	4	1	2
no information on offers/desire	1	1	1	1	1	1
No. on which % based	645	1,416	2,445	4,508	7,690	12,662

Table 124 shows the recent holiday pattern for those with various degrees of handicap.

The differences between the very severely handicapped and the rest of the impaired sample are apparent. It seems that the very severely handicapped are still the odd group out even when 'offers' of holidays are taken into consideration. Moreover, they are apparently far less inclined to desire holidays in cases where they have neither had one in the last three years nor been offered one in the last two years. However, the accuracy of the pattern here is difficult to assess because of the large number of cases in which we have no information on the desire for holidays, due to the higher proportion of 'proxy' interviews in this group.

It was considered desirable to compare the holiday pattern of the 5% of the sample on the local authority physically handicapped register with that of those not registered.

Table 125 shows the recent holiday pattern for the two groups.

There is no significant difference in the proportions within the two groups who have had a holiday within the last three years.* However, if we include offers of holidays the registered are very slightly better off. Sizeable minorities of 26% among the registered and 29% among the non-registered have had neither a holiday nor an offer. The registered who have had neither a holiday nor an offer are more likely to want to get away.

Minorities of 12% among the registered and 11% among the non-registered have neither had a holiday within the last three years nor an offer in the last two years and want to get away for a break.

Among those with restricted mobility the registered are rather better off as

TABLE 125

Recent holiday pattern/desire for holidays among impaired persons registered with the local authority as physically handicapped and among those not registered

Recent holiday pattern/ desire for holidays	Those registered on local authority physically handicapped register %	Those <i>not</i> registered %	All %
Had holiday in last 3 years	65	65	65
No holiday in last 3 years but offered one in last 2 years	8	7	7
and no offer but would like to go away	12	11	11
and no offer and does not want to go away anyway	10	14	14
not classified	5	3	3
No. on which % based	648	12,014	12,662

regards holidays in the last three years; 69% of the registered dependent for egress have had a recent holiday compared with 58% of the non-registered, and among the housebound 43% of the registered have had a recent holiday compared with 39% of the non-registered.

23.3 Agency arranging last recent holiday

Subjects who had had a holiday three years ago or less were asked whether they themselves or their family had arranged their last holiday or whether it was arranged by some other agency.

Table 126 shows the sources of assistance mentioned by respondents in various age groups.

The overwhelming majority of impaired persons in all age-sex groups have either arranged their last recent holiday themselves or had it arranged for them by their family. Only 8% of respondents had their last holiday arranged by an organization or someone other than themselves or their family. Impaired women have received rather more help from outside sources than impaired men. Five per cent of respondents say that the agency was a voluntary organization and

* This hides the fact that among the young (16 to 29) the registered are worse off (they are more severely handicapped) than the non-registered. Among the eldest group, the registered are rather better off. However, both registered groups are small.

TABLE 126

Agency arranging last holiday taken by impaired persons in various age/marital status groups who have had a holiday in the last three years

Agency arranging last recent holiday	Age group					Married %	Single %	Widowed %	All %
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %				
Self/family	89	96	94	90	89	94	88	87	92
Local authority/ welfare department	3	1	2	3	3	2	3	3	2
Hospital/doctor	1	1	1	*	*	*	1	1	*
Voluntary organization	5	2	3	6	7	3	6	7	5
Other agency	2	1	1	1	1	1	1	1	1
No. on which % based	297	1,049	2,369	2,489	1,901	4,722	959	2,419	8,106

* less than 0.5%

2% that the arrangements were made by the local authority or "welfare department". In each age-sex group a higher proportion of respondents have had their last recent holiday arranged by voluntary organizations than local authorities.

The age-sex group receiving the most attention from local authorities is the young men aged 16 to 29, of whom 5% had their last recent holiday arranged by their local authority. Local authority assistance tends to go to the old impaired but less so than help from voluntary organizations. Sixty-five per cent of mentions of assistance from local authorities came from persons aged 65 or over. The corresponding proportion for mentions of voluntary organizations is 73%.

Table 127 shows the agencies who arranged the last recent holidays (taken in the last three years) for persons with various degrees of handicap.

The vast majority of impaired persons at all levels of handicap have had their

TABLE 127

Agency arranging last holiday taken by impaired persons with various degrees of handicap who have had a holiday in the last three years

Agency arranging last recent holiday	Degree of handicap					
	Very severe handicap %	Severe handicap %	Appreciable handicap %	Handicapped (categories 1 to 6) %	Minor/no handicap %	All impaired %
Self/family	83	84	90	88	93	92
Local authority/ welfare department	7	5	3	4	2	2
Hospital/doctor	1	1	1	1	*	*
Voluntary organization	7	8	6	6	4	5
Other agency	2	2	1	1	1	1
No. on which % based	258	834	1,509	2,601	5,197	8,106

* less than 0.5%

last recent holiday arranged by their family or arranged it themselves. There is a tendency for the proportion having outside assistance to increase with severity of handicap (from 7% for those impaired with either no handicap or only a minor one up to 17% for the very severely handicapped).

In all groups except the very severely handicapped, a higher proportion received assistance from voluntary organizations than from the local authority.

Of all those having their last recent holiday arranged by the local authority 57% have an appreciable or more severe handicap and 32% are severely or very severely handicapped. For those helped by voluntary organizations the corresponding proportions are 45% and 23%.

There are marked differences in the sources of assistance mentioned by those holidaying in the last three years who are registered and those not registered. Table 128 illustrates these differences.

TABLE 128

Agency arranging last holiday taken by impaired persons, registered with the local authority as physically handicapped and by those not registered, who have had a holiday in the last three years

Agency arranging last recent holiday	Those registered on local authority physically handicapped register %	Those not registered %	All impaired persons holidaying in last 3 years %
Self/family	67	93	92
Local authority/welfare department	13	2	2
Hospital/doctor	2	*	*
Voluntary organization	16	4	5
Other agency	2	1	1
No. on which % based	423	7,683	8,106

* less than 0.5%

Although a majority of both registered and non-registered respondents have either arranged their last recent holiday themselves or had it arranged for them by their families, there is a considerable difference between the proportions mentioning an outside agency. Whereas only 7% of the non-registered mention an outside agency, the corresponding proportion for the registered is 32%, which is higher than for any age-sex group or handicap group.† Both the non-registered and the registered are more likely to have had their last holiday arranged by a voluntary association than by the local authority.

23.4 Sources of recent offers of holidays

Those subjects who had not had a holiday in the last three years were asked if they had received an offer of a holiday in the last two years and, if so, who had offered to arrange the holiday and why they had not gone.

† Whereas only 5% of those holidaying in the last three years are registered and 26% in receipt of a welfare service, 31% of those receiving assistance in arranging their last recent holiday from the local authority or welfare department are registered and 72% in receipt of a welfare service. In the case of assistance from voluntary organizations, the corresponding proportions are 18% registered and 54% in receipt of a welfare service.

TABLE 129

Sources of recent offers of holidays to impaired men and women in various age/marital status groups who have not had a holiday in the last three years but have been offered one in the last two years

Source of offer of holiday	Men aged			Women aged			Men and women					
	16-64 %	65 and over %	All men %	16-64 %	65 and over %	All women %	16-64 %	65 and over %	Married %	Single %	Widowed %	All %
Family/friends	70	78	75	82	79	79	78	78	74	81	82	78
Local authority/welfare department	8	7	7	8	8	8	8	8	11	5	5	8
Hospital/doctor	4	7	6	3	—	1	4	3	4	3	2	3
Voluntary organization	11	7	8	6	13	11	8	11	9	7	10	10
Other sources	7	2	4	1	1	1	3	1	2	2	1	2
No. on which % based	105	232	336	147	401	548	250	633	391	92	399	884

Table 129 shows the sources of offers of assistance in arranging a holiday for impaired men and women as a whole and for impaired men and women aged 16 to 64 and 65 or over.

More than three-quarters of the offers have come from the subjects' family or friends. Impaired men, particularly those under 65, have received proportionately more offers from outside sources than impaired women. Whereas 82% of offers received by impaired women under 65 have come from either members of the family or from friends, the corresponding proportion for impaired men under 65 is 70%.

There are only fractional differences between the proportions within the groups having received offers from local authorities. Voluntary organizations are a more frequently mentioned source of offers among the younger men and the elderly women. Hospitals and doctors are more frequently mentioned by the male respondents, particularly the elderly men.

TABLE 130

Sources of recent offers of holidays to impaired persons with various degrees of handicap who have not had a holiday in the last three years but have been offered one in the last two years

Source of offer of holiday	Degree of handicap				
	Severely and very severely handicapped %	Appreciably handicapped %	Handi-capped (categories 1 to 6) %	Minor/no handicap %	All impaired %
Family/friends	71	65	68	86	78
Local authority/ welfare department	11	9	10	5	8
Hospital/doctor	5	3	4	2	3
Voluntary organization	12	20	16	5	10
Other sources	*	3	2	2	2
No. on which % based	189	192	381	479	884

* less than 0.5%

Table 130 shows the source of offers of assistance in arranging a holiday for those in the various handicap groups who have not had a holiday in the last three years but who have been offered one in the last two.

A substantial majority in each group were offered a holiday by their relatives or friends. There is, however, some variation in the proportions receiving offers from other sources, ranging from 14% for those impaired with either no handicap or only minor handicap up to 35% for those with an appreciable handicap. The handicapped in categories 1 to 6 are twice as likely to have received their offer from the local authority and three times more likely to have received it from voluntary organizations than those impaired with no handicap or with minor handicap. The proportions receiving their offer from the local authority increase with severity of handicap, but in the case of offers from voluntary organizations any trend is upset by an unexpectedly high figure for the appreciably handicapped.

Whereas 81% of recent offers of holidays to the non-registered came from the

family or from friends, less than half of those offered to the registered were from this source. Twenty-four of the 54 recent offers to registered persons came from the local authority or "welfare department".

23.5 Reasons for not accepting recent offers of holidays

Table 131 shows the reasons given by impaired men and women aged 16 to 64 and 65 or over for not accepting offers of assistance in arranging holidays.

Twenty-seven per cent of respondents state that they 'prefer own home' and 26% give their disability or health as a reason for not accepting the offer.* Other reasons offered by more than a tenth of respondents are difficulty in travelling, 'don't want to go alone' and 'don't want to be a nuisance'. Only 9% give financial reasons.

There is some variation in the type of reason offered by impaired men and women of different ages.

A third of impaired respondents aged 65 or over say that they prefer their own home. Only 13% of the younger men and women give this as a reason and it ranks fourth in frequency of mentions below 'disability/health', 'don't want to go alone' and 'difficulty in travelling'. Financial considerations are apparently of more importance to those aged under 65 than to those aged 65 or over.†

Although there is no significant difference in the proportions of those in the two age groupings mentioning their disability, there are considerable differences between the sexes. Thirty-six per cent of the younger men and 35% of the men aged 65 or over mention their disability. For women, the corresponding proportions are 20% and 19%. On the other hand, women are more inclined to mention difficulties in travelling and in getting about the holiday home once there.

If we assume that difficulties in travelling and in the expected ability to get about the holiday home are reflections of disability then the figures for mentions of disability as a reason for refusal among female respondents are suspiciously low. Although disability is apparently less of a problem to the female respondents than to the men it is doubtful if this is true. However, women—especially elderly women—are more likely to have other reasons than are the men.

The differences in the proportions not wishing to go alone are certainly reflections of differences in marital status. Twenty per cent of married respondents give this as a reason for not accepting offers of holidays as compared with 12% of single respondents and 5% of the widowed.

Table 132 shows the reasons given by those with various degrees of handicap for refusing offers of help in arranging a holiday within the last two years.

There is no difference between the handicapped and the non-handicapped in the proportions giving 'disability' as a reason (25%). However, whereas this is

* Some four-fifths of persons not holidaying in the last three years but receiving an offer in the last two years were disabled more than two years ago.

† Although the elderly have lower incomes they are more likely to be able to take inexpensive holidays. Even if not assisted by their local authorities or by voluntary organizations they are likely to be invited to stay with their grown-up children or with other relatives. Moreover, if they pay anything at all, they are unlikely to have the responsibility of paying for anyone other than themselves since most are widowed and even those who are married do not have dependent children to take into account.

TABLE 131

Reasons given by impaired men and women in various age/marital status groups, who have not had a holiday in the last three years but have been offered one in the last two years, for not accepting the offer

Reason for refusal of holiday offer	Men aged			Women aged			Men and women					
	16-64 %	65 and over %	All men %	16-64 %	65 and over %	All women %	16-64 %	65 and over %	Married %	Single %	Widowed %	All %
Financial	14	9	10	13	7	9	13	8	13	10	6	9
Difficulty in travelling	12	11	11	16	17	17	14	15	12	13	17	15
Disability/health reason	36	35	35	20	19	20	27	25	30	18	23	26
"Don't want to go alone"	16	12	13	22	9	13	20	10	21	12	5	13
Commitments/interests at home	8	3	5	7	3	4	8	3	5	8	3	5
Prefers own home	16	23	21	10	39	31	13	33	17	23	38	27
Difficulty in getting about holiday home	3	3	3	5	4	4	4	4	5	2	3	4
"Don't want to be a nuisance"	13	11	12	10	12	12	11	12	12	14	10	12
Other reasons	7	12	11	14	7	9	11	9	10	9	10	10
Does not know/vague/irrelevant	4	3	4	2	2	2	3	3	2	5	3	3
No. on which % based	110	236	346	148	403	551	257	639	398	98	399	897

the most frequently mentioned reason for the handicapped in categories 1 to 6, another reason ranks higher in frequency of mentions among those impaired with either no handicap or only a minor one: 31% of respondents with no handicap or minor handicap state that the reason for refusal was that they prefer their own home.

The only trend with handicap is in the proportions claiming 'difficulty in travelling' as a reason for refusing the offer. These proportions increase from 12% for the least handicapped group to 21% for the severely and very severely handicapped. Other trends are upset by the pattern for those with an appreciable handicap.

TABLE 132

Reasons given by impaired persons, with various degrees of handicap who have not had a holiday in the last three years but have been offered one in the last two years, for not accepting the offer

Reason for refusal of holiday offer	Degree of handicap				
	Severe or very severe handicap %	Appreciable handicap %	Handicapped (categories 1 to 6) %	Minor/no handicap %	All impaired %
Financial	6	13	10	9	9
Difficulty in travelling	21	15	18	12	15
Disability/health reason	26	25	25	25	26
"Don't want to go alone"	9	20	15	11	13
Commitments/interests at home	1	8	4	5	5
Prefers own home	30	18	24	31	27
Difficulty in getting about the holiday home	8	1	4	3	4
"Don't want to be a nuisance"	11	15	13	11	12
Other reasons	9	9	9	10	10
Does not know/vague/irrelevant	1	3	2	3	3
No. on which % based	191	195	386	486	897

Table 133 shows the reasons given by respondents for refusing offers from various sources.

Where offers from relatives or friends are concerned, the two major reasons for refusal are that the subjects prefer their own home, mentioned by 31% of respondents and disability or health reasons (26%).

Only 66 offers from local authorities and 87 offers from voluntary organizations have been refused and these numbers are too small to enable us to analyse reasons for refusal in detail, but it can be said that one-third of the refusals of offers from voluntary organizations were due to the subject's desire not to go alone compared with less than a fifth of refusals of local authority offers. There is no significant difference in the proportions refusing because of their disability, but whilst 13% of the refusals of voluntary organization assistance were due to difficulties in travelling, *none* of those refusing a local authority holiday mentioned

travelling problems. Sixteen per cent of those refusing voluntary organization offers mentioned financial reasons for refusal, whilst only 5% of the local authority refusals involved financial difficulties. The proportion of 'other answers' in the local authority group is high (in fact the largest single group) but there are no common factors.

TABLE 133

Reasons given by impaired persons who have not had a holiday in the last three years but have received offers of holidays in the last two years from various sources, for not accepting the offer

Reason for refusal of holiday offer	Offers of holiday from				All holidaying in last 3 years %
	Relatives/ friends %	Local authority/ welfare department %	Voluntary organizations %	Other sources %	
Financial	9	5	16	[2]	9
Difficulty in travelling	16	—	13	[6]	15
Disability/health reason	26	24	23	[9]	26
"Don't want to go alone"	9	18	33	[10]	13
Commitments/interests at home	4	—	7	[1]	5
Prefers own home	31	23	15	—	27
Difficulty in getting about the holiday home	4	2	—	[4]	4
"Don't want to be a nuisance"	12	2	9	[8]	12
Other reasons	8	27	6	[9]	10
Does not know/vague/irrelevant	2	3	—	[5]	3
No. on which % based	688	66	87	42	884

[] enclose sample numbers—base too small to percentage on

23.6 Reason preventing subject from going for a holiday or 'a break'

Twenty-eight per cent of all the impaired sample have neither had a holiday in the last three years nor an offer in the last two.*

Table 134 shows the reasons given by impaired men and women aged 16 to 64 and 65 or over, who have not had a holiday in the last three years nor been offered one in the last two years, and who would like to get away for a holiday or a break, for being prevented from going.

The majority of respondents (57%) give financial reasons. This is the main reason given by both men and women. However, it receives proportionately less mentions from the elderly—especially elderly women—than from the young and middle-aged.

Disability is more frequently mentioned as a reason for being prevented from taking a holiday by the old than by the young and the effects of disability are reflected in the proportions mentioning difficulty in travelling and expected difficulties in getting about the holiday home.

There is no significant difference in the proportions of young and of old men who say that they "don't want to go alone". For young women, and even more so for old women, this is a major reason for not taking a holiday. (The

* Almost three-quarters of those neither holidaying in the last three years nor offered a holiday in the last two years have had their main disability more than three years.

TABLE 134

Reasons given by impaired men and impaired women in various age/marital status groupings, who have not had a holiday in the last three years nor been offered one in the last two years and who would like to go away, for being prevented from taking a holiday

Reason preventing subject taking holiday	Men aged			Women aged			Men and women					
	16-64 %	65 and over %	All men %	16-64 %	65 and over %	All women %	16-64 %	65 and over %	Married %	Single %	Widowed %	All %
Financial	71	53	63	62	40	50	67	45	63	40	50	57
Difficulty in travelling	10	12	11	9	16	13	10	14	11	16	11	12
Disability/health reason	13	26	18	12	21	17	12	23	17	15	19	18
“Don't want to go alone”	14	13	13	24	35	30	18	25	19	28	24	22
Commitments/interests at home	9	1	6	10	3	6	9	3	6	9	5	6
Prefers own home	2	3	2	1	1	1	1	2	1	5	1	2
Difficulty in getting about holiday home	2	5	3	2	7	5	2	6	2	3	7	4
“Don't want to be a nuisance”	1	7	4	3	3	3	2	5	5	4	4	3
Other reasons	3	13	7	4	4	4	3	8	4	4	9	5
Does not know/vague/ irrelevant	1	3	2	2	3	3	2	3	2	4	3	2
No. on which % based	410	283	694	324	365	689	735	647	843	143	397	1,383

latter contrasts with the reasons given by women over 65 for refusing offers of holidays but that group contained a lower proportion of married women.)

Table 135 shows the reasons for being prevented from going on holiday given by those in the various handicap groups who have not had a holiday in the last three years nor been offered one in the last two years and who would like to get away.

By far the most frequently mentioned reason given by persons in all groups is a financial reason. This reason is given by 61% of respondents with no handicap or with minor handicap and 48% of those with an appreciable or more severe handicap.

The proportions giving reasons other than financial increase with severity of handicap.

TABLE 135

Reasons given by impaired persons with various degrees of handicap, who have not had a holiday in the last three years nor been offered one in the last two years and who would like to go away, for being prevented from taking a holiday

Reason preventing subject from taking a holiday	Degree of handicap				
	Severe or very severe handicap %	Appreciable handicap %	Handicapped (categories 1-6) %	Minor no handicap %	All impaired %
Financial	47	50	48	61	57
Difficulty in travelling	16	13	14	11	12
Disability/health reason	28	24	26	11	18
"Don't want to go alone"	16	31	25	21	22
Commitments/interests at home	2	5	4	8	6
Prefers own home	*	1	1	2	2
Difficulty in getting about the holiday home	9	6	8	1	4
"Don't want to be a nuisance"	10	4	6	2	3
Other reasons	11	3	6	5	5
Does not know/vague/irrelevant	1	3	2	2	2
No. on which % based	225	319	545	782	1,383

* less than 0.5%

As is to be expected, the proportions giving their disability or health as a reason for being prevented from taking a holiday increase with severity of handicap, from 11% for those impaired with no handicap or with minor handicap to 24% for the appreciably handicapped, and 28% for the severely or very severely handicapped.

Other proportions that increase with the degree of handicap are those mentioning difficulty with travelling, those claiming that they would have difficulty getting about once at the holiday situation, and those who do not want to cause trouble. These trends are all expected.

There is a negative correlation between the degree of handicap and the

TABLE 136

Reasons given by impaired men and impaired women in various age/marital status groupings, who have not had a holiday in the last three years not been offered one in the last two years, for not wishing to go away

	Men aged			Women aged			Men and women aged						
	16-64 %	65 and over %	All men %	16-64 %	65 and over %	All women %	16-64 %	65 and over %	Married %	Single %	Widowed %	All %	
Reason subject does not wish to go away for a holiday	10	1	4	7	2	3	9	2	4	5	3	3	
	6	7	7	8	10	9	7	9	9	7	8	9	
	16	18	17	21	21	21	18	20	16	15	24	20	
	“Don’t want to go alone”	15	10	12	24	14	16	19	13	18	9	13	15
		Commitments/interest at home	11	3	6	4	4	4	3	6	6	3	5
	45		49	48	34	53	50	41	52	43	56	53	50
	Difficulty getting about the holiday home	2	5	3	3	3	3	2	3	3	3	3	3
		“Don’t want to be a nuisance”	5	4	4	7	6	6	6	5	9	4	5
	4		5	4	5	3	4	5	4	5	4	3	4
	Other reasons	5	6	6	5	4	5	5	5	4	8	5	5
Does not know/vague/irrelevant													
No. on which % based	279	419	699	192	856	1,050	454	1,292	770	262	717	1,749	

proportions claiming to be prevented from taking a holiday by commitments at home and the proportions saying that they prefer their own home.

For the second most frequently mentioned reason "don't want to go alone" there is no trend with the degree of handicap. Twenty-two per cent of the impaired sample give this reason. For those with no handicap or with minor handicap the corresponding proportion is 21%, for the appreciably handicapped 31%, and for the severely and very severely handicapped 16%. This might be expected, since this is a reflection of age, sex and marital status rather than disability.

23.7 Reason subject does not want to go away even though not holidaying in the last three years

Table 136 shows the reasons for not wanting to go away given by impaired men and women aged 16 to 64 and aged 65 or over who have neither had a holiday in the last three years nor an offer of one in the last two years and who do not want to go away.

The most common reason given is that the subject prefers his own home. Fifty per cent of all respondents give this as a reason. This is the most frequently mentioned reason in all age-sex groups although there is a marked difference in the proportions mentioning this reason between women under 65 and women aged 65 or over.

Only two other reasons are mentioned by as much as a tenth of respondents as a whole: 'disability/health' (20%), and 'don't want to go alone' (14%).

TABLE 137

Reasons given by impaired persons with various degrees of handicap, who have not had a holiday in the last three years nor been offered one in the last two years, for not wishing to go away

Reason subject does not want to go away for holiday	Degree of handicap					
	Very severe handicap %	Severe handicap %	Appreciable handicap %	Handi-capped categories 1-6 %	Minor/no handicap %	All impaired %
Financial	1	2	4	3	3	3
Difficulty in travelling	13	13	15	14	5	9
Disability/health reason	32	23	14	20	20	20
"Don't want to go alone"	15	16	15	15	14	15
Commitments/interests at home	1	1	4	2	6	5
Prefers own home	38	50	51	48	51	50
Difficulty in getting about the holiday home	4	8	4	5	2	3
"Don't want to be a nuisance"	11	13	7	10	3	5
Other reasons	6	3	1	3	5	4
Does not know/vague/irrelevant	4	4	8	6	5	5
No. on which % based	141	220	331	692	998	1,749

Very few respondents give financial reasons (4%), although for the young this is of more importance than for the old. Ten per cent of the young male respondents mention financial reasons.

There is very little difference between the age groups in the proportions mentioning disability as a reason but the women tend to emphasise this aspect more than the men and the widowed more than the married or single.

Women, particularly younger women, and married persons tend to place more emphasis on not wanting to go alone.

Table 137 gives the reasons for not wanting to go on holiday given by respondents with various degrees of handicap.

The most frequently mentioned reason at all levels of handicap is that the subject prefers his own home. However, the proportions giving this reason decrease as handicap increases from 51% for those impaired with no handicap or with minor handicap down to 38% for the very severely handicapped.

As regards the two other major reasons given by respondents, the proportions mentioning their disability as a reason increase with the severity of handicap, from 20% for those with no handicap or with minor handicap up to 32% for the very severely handicapped. There is very little variation in the proportions within the various impairment groups saying that they "don't want to go alone".

The proportion giving financial reason is in all cases very low.

24.0 TELEVISION AND RADIO FOR THE IMPAIRED

Under the Chronically Sick and Disabled Persons Act 1970 the local authorities of England and Wales having welfare functions under section 29 of the National Assistance Act 1948, may provide a disabled person with, or assist a disabled person in obtaining, wireless and television facilities in cases where they are satisfied that this is necessary in order to meet the needs of that person.*

24.1 Introduction

As might be expected, television viewing is the most time consuming pastime for the general population as a whole. In Sillitoe's recent study it was cited as the most time consuming pastime for about one-quarter of the leisure periods of people in the national (England and Wales) urban sample.† The same study noted two important characteristics of television viewing as a leisure pursuit that bear on the likely viewing habits of our impaired sample; there is considerable seasonal variation in the proportion of leisure time taken up by television viewing and there are marked differences in viewing habits between age-sex groups.

* This power was already available under schemes made in accordance with section 29 of the National Assistance Act 1948.

Under the Chronically Sick and Disabled Persons Act 1970 wireless and television facilities are included in the welfare matters covered in section 2 (1) (already referred to at section 23.0 above in connection with holidays). It is the duty of the local authorities in England and Wales to assess the needs of substantially and permanently handicapped individuals in their areas in regard to the specified welfare matters, including wireless and television facilities, and, if need exists, to make arrangements that are appropriate to the particular case involved.

† Television might be expected to consume a fifth of the leisure periods of men and a quarter of those of women in a general sample with a similar domestic-age composition to that of our impaired sample. (This is based on Sillitoe's findings for England and Wales; the assumption is that the Scottish pattern is not too dissimilar.)

There is a very sharp climb in the proportion of leisure periods in which television viewing is said to be the chief occupation, from 8% and 11% for men and women respectively at summer weekends to 42% and 34% on winter weekdays.* This illustrates the general population's heavy dependence on television when there is a lack of opportunity for outdoor and physical recreation. This suggests that the relative immobility of the old and the impaired is likely to be reflected in greater dependence on television.

Television is characteristically much less of a time consumer to young single people than it is for their elders, although curiously for both sexes there is a peak in viewing at 15 to 18 years, whereafter it drops away considerably to the point where it is the chief leisure activity in only about 10% of their leisure periods. This is in marked contrast to later in life when it generally occupies around a quarter or more. Women's interest in television apparently increases with age although figures for the women are likely to be greater or lesser underestimates since other leisure activities, notably sewing and knitting, may be performed concurrently.† This is particularly true during the winter. Men's interest in television apparently declines in middle age once their children have become independent. Again the picture is distorted since older men have greater amounts of disposable time and, consequently, if the proportion of leisure time devoted to a particular activity declines this does not necessarily mean a fall in the actual *amount* of time devoted to it.

Of course, this kind of 'time budget' technique takes no account of the *quality* of the satisfaction derived from participation in an activity. Television is certainly not an old people's medium, it is perhaps increasingly one for the young or the 'modern'. It is arguable that, for the old, television has not become a habit and that non-use of the medium is not just an incapacity of age but a conscious choice. For the old and the impaired television may be a link with the outside world but if this world is unrecognisable, unreal, then it may simply be a reminder of isolation and reinforce alienation.

Radio is not only important to the small proportion of the general population who are without access to a television and to the even smaller proportion who have access, but for one reason or another do not view, but at some time of the leisure week is a medium used by practically everyone. Radio programmes are being transmitted during the whole of the waking week whilst television operates for less than two-thirds of this time and less than three-fifths of the *working* week. For the general working population radio listening is of minimal importance as a leisure pursuit over the week as a whole although on weekend mornings it will be of more significance.‡ For the housewife and other non-

* Although our interviewing was conducted during the winter months, our questions on radio and television availability/use did not refer to a specific point in time and should not be seriously affected by seasonal variation. The number of mentions of passive pursuits in general at questions 39 and 40 may have been boosted by seasonal variation: differences in the leisure patterns of those impaired who have appreciable or more severe handicaps and those impaired who have either no handicap or only minor ones may be masked by this factor.

† For this reason television is not necessarily 'negative' leisure for women, although it almost always will be for men. For both sexes, radio listening is often 'doubled' with another activity and should not be automatically classified as negative leisure.

‡ See 'Pilot National Recreation Survey', page 45.

Listening to the radio was the second most frequently mentioned use of leisure time on weekend mornings (mentioned by 31% of contacts compared with 'reading newspapers', 41%—the two often being carried out concurrently). Television viewing immediately took precedence in the afternoon although the switch from radio to television was less noticeable for women than for men. Throughout the weekend radio listening ranked lower as a use of leisure time than reading.

workers radio listening will not be limited to weekend mornings but be important, at least as 'background' doubled with other activities (either leisure or committed), during that part of the working week when television programmes are not transmitted or when unsuitable programmes are broadcast. It may be assumed that radio is likely to be of more importance to the old and impaired than to the general population—even setting aside the question of radio being a more accepted and less alienating medium than television—simply in the sense of exposure time, since the vast majority of these special populations are non-workers, and a large minority 'uncommitted' non-workers* with relatively large amounts of disposable time on their hands, and with comparatively high proportions of their leisure time outside television hours.

Our interview schedule included two simple questions on the availability and use made of radio and television receivers. No attempt was made to collect detailed information on listening and viewing habits, but from answers to these questions we are able to estimate the availability of receivers and to give a crude 'utilization' rate i.e. the proportion of those with receivers who claim to make some use of them.

In this section we shall be primarily concerned with the *availability* of radio and television receivers. We have used a utilization rate in preference to a *non-utilization* rate since we consider the latter misleading in that non-use of available facilities cannot automatically be attributed to handicap or impairment whilst utilization rates given are *despite* impairment. They represent, presumably, the proportions who are able to derive some enjoyment from the broadcasting media. Of course, one can assume variation among listeners and viewers in the amounts of leisure time devoted to listening and viewing and also in the degree of satisfaction involved.

The information obtained is analysed below by age and sex and also by the degree of handicap. In addition, special attention is paid to the groups who may be assumed to be particularly 'at risk'—the housebound, those living alone—and also those with some sensory impairment.

Tables 138 and 139 show the radio and television availability and use patterns for the impaired sample.

Nine in 10 impaired persons have access to a television set and 95% to a radio†. The vast majority (85%) have both radio and television and a majority

TABLE 138
Access to radio and television receivers for the impaired sample

Access to radio and television receivers	%
Both radio and television available	85
No television available, but has radio	10
No radio available, but has television	4
Neither radio nor television available	1
No. on which % based	12,573

* Eighty-two per cent of the impaired sample are non-workers and 47% are non-workers with no major commitment to household chores.

† This does not in all cases mean that the receiver is in the household. In a few cases we have included those who regularly watch television at a neighbour's house.

TABLE 139
Broadcasting audience composition of the impaired sample

Section of broadcasting audience	%
Both viewer and listener	69
Viewer, but not listener	17
Listener, but not viewer	10
Neither viewer nor listener	4
No. on which % based	12,573

use both facilities. If one of the receivers goes unused, it is more likely to be the radio. Only 4% of those with access to television do not view whilst 15% of radio possessors say that they do not listen.* Only one in a 100 impaired persons is without both radio and television and only 4% are not in the broadcasting audience (i.e. say either that they are without receivers or that they do not use available sets).

Television apparently provides an effective substitute for three-quarters of those without radio and for eight in 10 of those who have a radio but make no use of it. However, although radio provides a substitute for eight in 10 of those impaired who have no access to a television, only five in 10 of those who have television, but do not view have and use a radio. This implies that choice plays a greater part in the abandonment of radio than in that of television. Radio is no more difficult to use, so either people do not give up television viewing until they are so sick as to be unable to use radio either or they find it difficult to return to radio listening after becoming used to television.

The difference in use rates for radio and television facilities means that, although a higher proportion of impaired persons have radio than have television, a higher proportion are in the viewing audience than in the listening audience (this will be seen to be the case for all age-sex groups, handicap and mobility groups).

Although we cannot give the proportion of impaired persons' leisure periods consumed in watching television and listening to the radio, it was hoped that the answers to the general questions on hobbies and free-time activities (questions 39 and 40) would provide some measure of the importance attached to television and radio by the impaired.

Unfortunately, television, radio and records have been coded similarly as a group. However, this whole group does not seem very popular with the impaired. Only 15% of the impaired mentioned one or more of these 'passive' pursuits when questioned generally on their hobbies and use of free time.† This group ranks only fourth in frequency of mentions of 'true' leisure activities‡

* *Caveat*: Although, in a sense, the proportion of 'listeners' as opposed to 'hearers' is probably lower, it would be wise to treat utilization rates for radio as suspect and to regard them as under-estimates.

† There is no significant difference in the proportions within the various handicap groups mentioning these 'passive' pursuits. There is also practically no difference between the age groups. The youngest age group (16 to 29) does have a higher proportion of passive pursuit mentions but this may well be due to the inclusion of 'records'.

‡ Activities that are more accurately elements of 'committed' time (housework and cooking) or extremely negative (sleeping, sitting) have been eliminated from the leisure concept.

behind 'reading', 'handicrafts' and 'gardening'. Although one may accept that television viewing and radio listening may not be thought of as 'hobbies', the second general question on leisure activities—how else do you pass your time when you're not working?—might have been expected to elicit more responses in this group. Possibly informants have given 'positive' activities rather than negative ones, disregarded radio as 'background' (this may be fair) and generally given the more active pursuit in cases of 'doubling' with television. The fact that women have a lower rate of mentions than men (13% compared with 17%) supports the latter theory.

Although some attempt is made elsewhere in this section to assess the possible importance of sensory impairment as a reason for non-use of radio and television, it was expected that answers to question 41 (on activities previously enjoyed which informants have had to give up as a result of their disability) would reflect any loss of enjoyment of broadcasting as a result of sensory or non-sensory disability. In fact, although 17% of the impaired sample do not use available radio or television facilities, only 44 persons in the whole impaired sample (0.3%) mentioned 'radio, television or records' in answer to this question. This implies either that non-use of available facilities is due less to disability than to other factors, or that the broadcasting media are given up as a result of disability but are not missed. Whatever the conclusion drawn, it seems that non-users are on the whole content.

The picture is confusing and emphasises the need to concentrate on the aspect of *availability*.

24.2 Radio and television for the various age groups

Tables 140 and 141 show the availability and use patterns for radio and television facilities respectively for the various age groups in the impaired sample.

As is to be expected, the vast majority of impaired persons in all age groups have access to radio and television facilities and utilize this access. There is rather more variation in the availability of television between the age groups than in that of radio. In both cases the proportion without access to a receiver increases

TABLE 140

Radio availability and use patterns for the various age groups in the impaired sample and for impaired men and women separately

Radio availability/ use	Age group					All men %	All women %	All im- paired %
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %			
No radio	2	3	4	5	7	5	6	5
Has radio, but does not listen	12	15	15	13	16	14	15	15
Has radio and listens	86	82	81	82	76	81	79	80
No. on which % based	362	1,502	3,439	3,749	3,541	5,120	7,474	12,593
% of those with radio who listen	88	84	84	86	82	85	84	85

TABLE 141

Television availability and use patterns for the various age groups in the impaired sample and for impaired men and women separately

Television availability/use	Age group					All men %	All women %	All impaired %
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %			
No television	4	5	7	11	16	8	12	10
Has television, but does not view	3	4	3	2	6	3	4	4
Has television and views	93	91	90	87	78	89	84	86
No. on which % based	351	1,490	3,397	3,692	3,400	5,021	7,307	12,328
% of those with television who view	97	96	97	97	93	96	96	96

with age, from 2% to 7% for radio, and from 4% to 16% for television. There is little difference between the proportions within the sexes who have radio (95% of men and 94% of women), and only a little more in the proportions with television. The proportion without access to television is generally higher in each age group for women than for men and this difference increases with age. Eight per cent of all impaired men are without television compared with 12% of the women. For those aged 65 or over the corresponding proportions are 10% and 15% for men and women respectively. For both sexes the proportion without television is twice as high for those aged 65 or over as for those under 65. The age-sex group with the highest proportion without access to television is the women 75 or over but even in this group 82% have television.

There is very little variation between the sexes and between the age groups in the utilization of available receivers. Eighty-four per cent of all impaired persons with radio claim to listen. This proportion is consistently in the 80% to 89% range for all age-sex groups. As for television, 96% of all with access claim to view. This proportion is greater than 90% for all age-sex groups. Thus only in the eldest age group (75 and over) does the proportion not in the broadcasting audiences reach as much as one-fifth. There is some difference in the proportions of old men and old women not in the television audience attributable to the higher proportion of women without television.

24.3 Radio and television for those with various degrees of handicap

Tables 142 and 143 give the radio and television availability and use patterns for those with various degrees of handicap.

In the case of radio there is little variation in the availability of receivers between the handicap groups. However, the very severely handicapped have a lower utilization rate than other groups (30% of those with a radio not using it) and thus a noticeably lower listening audience—65%.

There is very little difference in the proportions within the various groups with access to television. The vast majority in all handicap groups make use of available facilities. Even for the very severely handicapped, 84% of those with

television claim to watch. Only for the very severely handicapped group does the proportion outside the television audience come to as much as one-fifth. Even in this group 74% have access to television and view.

TABLE 142
Radio availability and use patterns for those with various degrees of handicap

Radio availability/use	Degree of handicap					
	Very severe handicap %	Severe handicap %	Appreciable handicap %	Handicapped (categories 1-6) %	Minor/no handicap %	All impaired %
No radio	8	6	6	6	5	5
Has radio, but does not listen	28	18	14	17	13	15
Has radio and listens	65	76	80	77	82	80
No. on which % based	638	1,413	2,439	4,490	7,641	12,593
% of those with radio who actually listen	70	81	86	82	86	84

TABLE 143
Television availability and use patterns for those with various degrees of handicap

Television availability/use	Degree of handicap					
	Very severe handicap %	Severe handicap %	Appreciable handicap %	Handicapped (categories 1-6) %	Minor/no handicap %	All impaired %
No television	12	10	11	11	10	10
Has television, but does not view	14	4	4	5	3	4
Has television and views	74	86	85	84	87	86
No. on which % based	608	1,383	2,393	4,384	7,489	12,328
% of those with television who actually view	84	95	96	94	97	96

24.4 Radio and television for the housebound and those living alone

Some separate analysis was considered desirable for those groups within the impaired population who might be assumed to be more 'in need' of the broadcasting media i.e. those persons who are limited in their mobility, in their ability to get out of the house and to take part in outside activities—in particular the housebound, and also those who cannot get out without someone else's help—

and persons who are living alone and therefore relatively limited in their social contacts.*

We would expect, since there is a positive correlation between the degree of immobility and both severity of handicap and old age, that availability of television and radio receivers, which declines with age and degree of disability, would also decline with mobility. This supposition is, in general, borne out by the figures.

TABLE 144
Radio availability and use patterns for the various mobility groupings

Radio availability/use	Mobility				All impaired %
	Egress on own without aids or difficulty %	Egress on own with aids or difficulty %	Dependent on some else's help for egress %	House-bound %	
No radio	4	6	5	8	5
Has radio, but does not listen	14	12	12	24	15
Has radio and listens	82	82	83	68	80
No. on which % based	6,717	2,864	1,337	1,661	12,573
% of those with radio who actually listen	86	87	87	74	84

TABLE 145
Television availability and use patterns for the various mobility groupings

Television availability/use	Mobility				All impaired %
	Egress on own without aids or difficulty %	Egress on own with aids or difficulty %	Dependent on someone else's help for egress %	House-bound %	
No television	9	13	8	14	10
Has television, but does not view	3	2	4	10	4
Has television and views	89	85	88	76	86
No. on which % based	6,686	2,778	1,257	1,596	12,318
% of those with television who actually view	97	97	95	89	96

We would also expect, bearing in mind the correlation of disability with immobility, that the utilization of available resources which increases with severity of handicap would decrease with mobility. This also is generally true.

Tables 144 and 145 give the radio and television availability and use patterns for the various mobility groups in the impaired sample.

* One-fifth of our sample are living alone and 13% are housebound. A small proportion (3%) are particularly vulnerable being housebound persons living alone.

At first sight the proportion without receivers amongst those dependent on someone else for egress seems lower than expected. This may be explained by the fact that this group contains a relatively high proportion of persons aged under 50 who are more likely to have access to both radio and television than their elders.*

The comparatively high proportions without radio and television facilities amongst the housebound reflect the relatively severe handicap and age of this group.

Tables 146 and 147 compare the radio and television availability and use patterns for those with various degrees of mobility who are either living alone or living with others.

Those living alone are rather less likely to have radio available and considerably less likely to have television available than those living with others. A quarter of those who live alone have no access to television compared with 6% of those living with others. The proportion without radio is higher than for any age-sex group and any handicap group except the very severely handicapped who have an exactly similar availability rate. The proportion without television is higher than for any age-sex group or category.

This pattern of lower availability rates for those living alone is true for all levels of mobility. The group with the highest proportion without television are the housebound living alone, a third of whom have no television available.

There is little difference in the television utilization rates of those living alone and those living with others. The high television utilization rates of those living alone are not unexpected since there is no point in maintaining facilities for one person unless they are used. However, as far as radio is concerned, a higher proportion of those living alone use available facilities.† The difference is particularly marked for the housebound. The higher use rates mean that, although those living alone have a higher proportion with no radio, they have a higher proportion in the radio audience. Although not true for all mobility groups this is particularly noticeable amongst the housebound.

As a result of relatively low availability rates for television and high use rates for radio, the impaired living alone are one section of the impaired population who have a higher proportion in the listening audience than in the viewing audience.

24.5 'Radio and television for those with sensory impairment

Since there was no question included on the reason for non-use of available television and radio facilities, it was decided to analyse the information available by the incidence of sensory impairment to gauge the extent to which non-use is due to this factor, and also to test the effectiveness of the media for these minority groups.

* This group also contains a smaller proportion of persons living alone—those less likely to possess receivers.

† This is true for all mobility groups except those dependent on others for egress. The lower utilization rate for those in this group living alone is probably a reflection of age, this group being older than those living with others. Moreover, the relatively small base makes both the availability and use rates less reliable.

TABLE 146
Radio availability and use patterns for those living alone and those living with others who have various levels of mobility

Radio availability/use	Mobility							
	Egress on own without aids or difficulty		Egress on own with aids or difficulty		Dependent on someone else's help for egress		Housebound	
	Living alone %	Living with others %	Living alone %	Living with others %	Living alone %	Living with others %	Living alone %	Living with others %
No radio	6	4	11	4	8	5	11	7
Has radio, but does not listen	9	15	8	14	15	12	12	27
Has radio and listens	85	80	81	82	79	84	77	66
No. on which % based	1,282	5,435	833	2,032	198	1,139	323	1,338
% of those with radio who listen	91	84	91	85	84	88	86	71
							2,636	90
								83
								9,947
								8
								9
								83
								4
								16
								80

We have used two methods here:

- (i) We have analysed the information on radio and television availability and use for those whose main disability is 'sensory' i.e. the blind, the partially sighted* and the deaf
- (ii) We have analysed the information on radio and television in relation to that collected from other questions on 'short sight ability' and 'ability to hear ordinary conversation', thus obtaining the radio and television use patterns for the 'short-sighted', the 'reading impaired' and the 'conversationally impaired' (see below for definitions of these groups).

(i) *Those whose main disability is sensory*

Only 8% of the impaired give blindness, partial blindness or deafness as a major cause of disability. However, 21% of non-users of television facilities have a major sensory impairment (16% are blind or partially blind). Although the proportion of radio non-users whose main disability is sensory is the same as that for the sample as a whole, this hides the fact that the proportion who are deaf is higher (4.5% compared with 1.5% for the sample as a whole).

Tables 148 and 149 give the radio and television availability and use patterns for the blind, the partially sighted and the deaf.

TABLE 148

Radio availability and use patterns for those impaired whose main disability is blindness, partial blindness or deafness

Radio availability/use	Main disability			All impaired %
	Blind %	Partially blind %	Deaf %	
No radio	1	3	13	5
Has radio, but does not listen	7	8	50	15
Has radio and listens	92	89	37	80
No. on which % based	287	586	165	12,593
% of those with radio who listen	93	91	42	85

As far as radio is concerned, the availability and use rates for the blind are higher than for any age-sex group or category. The rates for the partially sighted are also relatively high. The availability and use rates amongst the deaf are lower than for any age-sex group or category. The 37% of persons whose main disability is deafness who claim to have and use radio presumably use hearing aids or use the amplification in the radio. It is not possible to estimate how much the non-use of available facilities is due to the non-possession, non-use or ineffectiveness of hearing aids.

The partially sighted and the deaf have lower television availability rates than the general impaired sample. The figures for the blind are misleading in that the television question was considered inappropriate in almost three-quarters of cases and we only have television information from 66 persons with a major blindness impairment. Thirteen of the 66 blind who have answered this question have no

* With the partially sighted we have included those with other eye disorders.

TABLE 149

Television availability and use patterns for those impaired whose main disability is blindness, partial blindness or deafness

Television availability/use	Main disability			All impaired %
	Blind No.	Partially sighted %	Deaf %	
No television	[13]	18	11	10
Has television but does not use	[5]	12	11	4
Has television and uses	[48]	70	79	86
No. on which % based	66	550	188	12,328
% of those with television who use it	[48]	85	88	96

[] enclose sample numbers where the base is too small to provide a meaningful percentage

television available. On this evidence, the blind have a lower availability rate than any age-sex group or category. On the other hand, their utilization rate is unexpectedly high—48 out of 53 with television available use the facilities at some time, presumably deriving some aural satisfaction from the medium. The deaf seem less restricted in their use of available television facilities than in their use of radio. This is understandable since the visual dimension can still be enjoyed and indeed for some the aural aspect may be appreciated since there is the possibility of lip-reading.

(ii) *Radio and television for those with uncorrected or undercorrected sensory impairment*

It is to be expected that, whilst less than 10% of the impaired sample have a sensory impairment, in the sense that their main disability is a sensory one, since the impaired are predominantly elderly, a higher proportion have poor sight which makes reading difficult, or poor hearing which inhibits conversation. Both of these difficulties if uncorrected or undercorrected may be assumed to affect radio listening and television viewing habits.

There were two questions on the schedule on 'sight ability' (questions 16 and 17). The first was on ability to recognize a friend across the street and the second on ability to read ordinary print and to see to write (in both cases wearing glasses if applicable). In the analysis below we have used the information obtained from the second question.* Although the appropriate focal length for television viewing lies somewhere between those effectively tested in our two questions, the one on reading is probably a more meaningful test for application to our radio and television data. Moreover, by using this question in analysis we can simultaneously examine possible variations in the radio and television patterns between those with, and those without, a reading impairment, since at

* A table showing the interrelation of the two sight ability questions—'longsight' and 'short-sight'—appears in Appendix A (Table A XV).

Ninety-one per cent of those who could see to read or write without the aid of a magnifier could also see to recognize a friend across the street. Of those who could not see to read or write, even with the aid of a magnifier, 87% were also unable to recognize a friend across the street. Although more than a quarter of those unable to see to read or write without the use of a magnifier claimed to be able to recognize a friend across the street, a good majority, 73%, could not.

least some of the illiterate and uncomprehending have volunteered this information, and we are able to differentiate between those who cannot see to read or write at all and those who need a magnifier to do so.

As for aural ability, we have used the question on ability to hear ordinary conversation (with a hearing aid if worn) (question 18). The use of this question in analysis means that we automatically pick up those impaired whose main disability is not deafness, but who claim to have some aural impairment which is not overcome by the use of a hearing aid, and remove from the hard of hearing category those deaf whose impairment is corrected by use of a hearing aid. Moreover, since the interviewers noted cases where the subject claimed to have no difficulty, but exhibited some during the interview, we have picked up here almost all those in the sample with an uncorrected or undercorrected hearing impairment.

Tables 150 and 151 give the short-sight and conversational hearing ability patterns for the impaired sample.

TABLE 150
Short-sight ability of the impaired sample

Short-sight ability†	%
Can see to read/write	87
Can see to read or write if uses magnifier	5
Cannot see to read/write even with magnifier	6
Illiterate	1
Sees, but does not comprehend	*
No. on which % based	12,555

* less than 0.5%

† with glasses if applicable

TABLE 151
Conversational hearing ability of impaired sample

Hearing ability†	%
Can hear ordinary conversation	86
Claims to be able to hear, but difficulty observed	5
Claims to be unable to hear ordinary conversation	9
Hears, but does not comprehend	*
No. on which % based	12,586

* less than 0.5%

† with hearing aid if used

(a) *Radio and television for the 'short-sighted' and the 'reading impaired'*

For the purposes of this analysis the two groups are

- (i) Short-sighted—those who cannot see to read ordinary print or to write even with the use of their glasses plus those who can only do so with the additional help of a magnifier.
- (ii) Reading impaired—the short-sighted as defined above plus the illiterate and those who can see but not comprehend i.e. all except those who can

see to read or write, with the use of their glasses if necessary, but without the aid of a magnifier.*

Tables 152 and 153 show the radio and television availability and use patterns for those with various degrees of short-sight impairment.

There is little variation in the availability of radio for the various short-sight groups. The illiterate do have a high availability rate which is consistent with the younger age of this group who are more likely to have been impaired whilst in formal education.

As for utilization of radio, the short-sighted and reading impaired do have slightly higher utilization rates than those without these impairments. The illiterate have a lower use rate than any age group.

In examining the availability of television we find rather more variation between the short-sight groups. Whereas 90% of those who can see to read and write have television, the corresponding proportions for the short-sighted and

TABLE 152

Radio availability and use patterns for those impaired with various degrees of short-sight impairment (even allowing for use of glasses)

Radio availability/use	Cannot see to read/write %	Needs a magnifier %	All short-sighted %	Illiterate %	All reading impaired %	Can see to read/write %	All impaired %
No radio	4	5	4	2	4	5	5
Has radio, but does not listen	12	15	13	19	14	15	15
Has radio and listens	84	80	83	79	82	80	80
No. on which % based	821	575	1,396	187	1,596	10,959	12,597
% of those with radio who actually listen	87	84	86	80	85	84	84

the reading impaired are 82% and 83% respectively. The group least likely to have access to television is that of elderly persons who can see to read or write only with the aid of a magnifier, only 79% having access to television.

The television use rates for the short-sighted and reading impaired are lower than for the section of the impaired sample with no uncorrected sight impairment. However, even amongst the group who cannot see to read or write, even with the use of their glasses and a magnifier, the majority of those with television actually view. This is certainly some measure of the unsuitability of the question used as a focal length test, but it is also a measure of the satisfaction which can be derived from the aural aspect of television when enjoyment of the visual aspect is inhibited or impossible (we have already noted the latter in regard to the use of television by the blind).

* This information on illiteracy and inability to comprehend was volunteered. We have certainly lost many of the uncomprehending and probably a number of the illiterate.

Since the question involved the ability to read 'ordinary' print—an example being shown to the subject/informant—this is no test of the ability to read large-print books.

In discussing above the relative importance of the broadcasting media as a use of leisure time we noted the importance attached to reading. Forty per cent of respondents gave reading as a hobby or other use of leisure time.

TABLE 153

Television availability and use patterns for those with various degrees of short-sight impairment (allowing for use of glasses)

Television availability/use	Cannot see to read/write %	Needs magnifier %	All short-sighted %	Illiterate %	All reading impaired %	Can see to read/write %	All impaired %
No television	15	21	18	9	17	10	10
Has television and does not view	14	12	13	6	11	2	4
Has television and views	71	67	69	85	72	88	86
No. on which % based	534	574	1,108	183	1,291	10,987	12,331
% of those with television who actually view	84	85	85	93	86	97	96

(b) *Radio and television for those with uncorrected or undercorrected hearing impairment*

This group, who might be called the 'conversationally impaired', is comprised of those unable to hear ordinary conversation even with their hearing aid, if used, *plus* those who claim to have no difficulty but with whom the interviewer experienced some difficulty in communicating.

Tables 154 and 155 give the radio and television availability and use patterns for those with various degrees of hearing impairment.

There is little variation between the 'hearing' groups as regards radio availability although the conversationally impaired do have a slightly lower rate than the unimpaired (91% compared with 96%).

TABLE 154

Radio availability and use patterns for those with various degrees of hearing impairment (allowing for use of hearing aids)

Radio availability/use	Cannot hear ordinary conversation %	Claims to be able to hear, but difficulty observed %	All with uncorrected hearing impairment %	Hears, but does not comprehend No.	Can hear ordinary conversation %	All impaired %
No radio	9	10	9	[1]	4	5
Has radio, but does not listen	32	18	27	[5]	13	15
Has radio and listens	59	72	64	[2]	83	80
No. on which based	1,140	678	1,818	8	10,760	12,597
% of those with radio who actually listen	64	80	70	[2]	87	84

[] denotes number not percentage

TABLE 155

Television availability and use patterns for those with various degrees of hearing impairment (allowing for use of hearing aids)

Television availability/use	Cannot hear ordinary conversation %	Claims to be able to hear, but difficulty observed %	All with uncorrected hearing impairment %	Hears, but does not comprehend No.	Can hear ordinary conversation %	All impaired %
No television	14	8	12	[1]	10	10
Has television, but does not view	9	5	8	[2]	3	4
Has television and views	77	87	80	[4]	87	86
No. on which % based	1,145	643	1,788	7	10,227	12,331
% of those with television who view	90	94	91	[5]	97	96

[] denotes number not percentage

As for radio utilization, as is to be expected, there is rather more variation between the hearing groups. The conversationally impaired have a relatively low use rate, 70% of those with radio actually listening compared with 87% amongst those unimpaired. There is a marked difference in the use rates between the two sub-groupings amongst the conversationally impaired. Those who were observed to have a hearing impairment although they claimed none have a use rate as high as 80%. However, for those who claimed to have difficulty, the proportion of those with radio who listen is 65%. Even allowing for over-estimation of listening ability, the type of programme listened to (the ability to hear ordinary conversation is no test of the ability to derive satisfaction from music) and the amplification possible on radio sets, this figure seems high and suggests an under-estimation of conversational hearing ability.

There is no significant difference in television availability rates between the hearing groups. Also, as for utilization rates, the conversationally impaired have a use rate only slightly lower than that of the unimpaired. Television use seems less affected by hearing impairment than radio use. In a sense this is to be expected since with television there is still the visual aspect to be enjoyed, and for some the aural aspect may be made easier to appreciate since there is the possibility of lip reading. However, the differences between the use patterns for television and radio tend to reinforce the argument that radio is given up out of choice.

24.6 Sensory impairment as a reason for non-usage of radio and television facilities

We have already noted above the relatively high incidence of sensory impairment amongst non-users of radio and television receivers. In Table 156 we have gone a stage further and examined the proportions of non-users, users and non-possessors (in the sense of availability) who have short-sight or hearing impairment. In the case of television it certainly seems that sensory impairment is a major factor in causing non-use—though not the only factor. Even if the

sight impaired and hearing impaired were two distinct groups, which they are not, they would account for only 60% of non-users. We can probably account for half of non-usage of television in this way. As for radio non-usage, a maximum of 36% could be attributed to sensory impairment. The real figure is probably less than one-third. Non-use of radio certainly seems less a result of sensory impairment, more a matter of choice than non-use of television.

TABLE 156

Some sight and hearing characteristics of the radio and television audiences and of other impaired persons with or without access to receivers

Sight/hearing characteristic	Radio			Television		
	Radio listeners	Those not using available radio facilities	No radio available	Television viewers	Those not using available television	No television available
% whose main disability is blindness	3	1	*	*	1	1
% whose main disability is partial blindness	5	3	2	4	15	8
% whose main disability is deafness	1	4	3	1	4	2
% with short-sight impairment even with glasses, if used	11	10	10	7	31	16
% with hearing impairment even with hearing aid, if used	12	26	25	14	31	17

* less than 0.5%

24.7 Estimates of the sizes of the radio and television audiences and the possible audiences

In Table 157 we have given estimates of the sizes of the radio and television audiences amongst those with various degrees of handicap. In preparing these estimates we have taken into account the sensory impairment of those for whom we have no radio and television information.

The relatively high non-use rates for radio are reflected in these estimates. Although there are more people in each group with access to radio than with access to television, the viewing audience is, in all cases, larger than the listening audience. Since the use rate for radio is suspect, it would be best to treat the figures for the listening audiences as underestimates.

Two tables are included giving estimates of the sizes of the impaired populations who have no access to television or to radio and the sizes of the audiences that might be expected within these populations.

Table 158 gives estimates of the sizes of the more severely handicapped population and of the impaired population with no handicap or with only minor handicap who have no access to radio and television respectively. In the same table we have given a second estimate having removed those sections of the

TABLE 157

Estimated numbers of impaired persons with various degrees of handicap aged 16 and over living in private households in Great Britain who have access to radio or television receivers together with estimates of the listening and viewing audiences

Estimate	Degree of handicap					
	Very severe handicap	Severe handicap	Appreciable handicap	Handicapped (Categories 1-6)	Minor/no handicap	All impaired
Estimated number with access to radio	150,000	320,000	560,000	1,020,000	1,780,000	2,910,000
Estimated listening audience	100,000	260,000	470,000	830,000	1,530,000	2,460,000
Estimated number with access to television	140,000	310,000	530,000	970,000	1,670,000	2,750,000
Estimated viewing audience	110,000	290,000	500,000	910,000	1,620,000	2,620,000

Estimates have been rounded to nearest 10,000

populations that have a sensory impairment associated with non-use of the medium involved.

TABLE 158

Estimated numbers of impaired persons with an appreciable or more severe handicap and of impaired persons with no handicap or only minor handicap aged 16 and over living in private households in Great Britain who are without access to radio or television facilities

Radio/television	Degree of handicap		
	Very severe, severe or appreciable handicap	Minor/no handicap	All impaired
No radio	Est. no. 70,000	Est. no. 90,000	Est. no. 160,000
No radio—main disability not deafness	70,000	80,000	150,000
No television	110,000	190,000	310,000
No television—main disability not sensory	110,000	160,000	270,000

Estimates have been rounded to nearest 10,000

In Table 159 we have given three estimates for radio and television respectively. The first of these is the estimated size of the impaired population without access to a receiver.

To arrive at the second figure, we have removed from the total those who have an uncorrected or undercorrected sensory impairment of the type most associated with non-use of the medium. The third figure is arrived at by taking account of both the usage rate amongst those with access to the medium who

have no similar sensory impairment, and the usage rate amongst those with the relevant uncorrected sensory impairment who have access to the medium.

The second and third figures in effect provide limits for the size of the likely audiences. In the case of radio the upper limit is probably closer since the radio use rates we have used are suspiciously low and the second estimate includes those with a sight impairment who are likely to have a higher use rate.

For television the situation is rather more complicated since there are certainly groups within the population with no access to television that have *chosen* not to have television because they would not use it. Moreover, the second estimate still includes those with a hearing impairment who are also less likely to use television, even if available. The lower estimate is probably more realistic.

Table 159

Estimated numbers of impaired persons aged 16 and over living in private households in Great Britain who are without access to radio or television facilities together with estimates of the likely size of the possible listening and viewing audiences therein

Radio/television	Estimate
No radio	160,000
No radio and no uncorrected hearing impairment	120,000
Likely listening audience amongst those without radio	130,000
No television available	310,000
No television available and no uncorrected short sight impairment	260,000
Likely viewing audience amongst those without television	290,000

Estimates have been rounded to nearest 10,000

25.0 TELEPHONES AND THE IMPAIRED

Under the provisions of the Chronically Sick and Disabled Persons Act 1970 local authorities may provide a disabled person with, or assist a disabled person in obtaining, a telephone and any special equipment necessary to enable him to use a telephone in cases where they are satisfied that this is necessary in order to meet the needs of that person.*

25.1 Introduction

Information was collected on the impaired person's access to, and ability to use, telephones. Subjects were asked if there was a phone in the household which

* This power was already available under schemes made in accordance with section 29 of the National Assistance Act 1948.

Under the Chronically Sick and Disabled Persons Act 1970 telephone facilities are included in the welfare matters covered in section 2(1) (already referred to at section 23.0 above in connection with holidays). It is the duty of the local authorities in England and Wales to assess the needs of substantially and permanently handicapped individuals in their area in regard to the specified welfare matters, including telephone facilities, and, if a need exists, to make arrangements that are appropriate to the particular case involved.

they could (were physically able to) use, or, if there was no phone available, if they could use one if they had one.*

If there was a phone for the use of the household, no matter whether the subject could use it, a further question was asked as to whether the phone was a standard issue one or specially adapted.†

The data thus collected are analysed below by age and sex and also by the degree of handicap. In addition, we have included further analysis of the telephone patterns of the various mobility groupings and compared the patterns of those living alone with those living with others.

We have made some attempt to examine how much the inability to use telephones is due to hearing impairment and also to assess the effectiveness of adaptations.

At the end of this section we have included some estimates of the impaired population with no telephone, but claiming to be able to use one. Amongst these estimates we have included one for the housebound living alone, a group for whom the Department of Health and Social Security may make special provision with regard to the treatment of telephone charges in assessing entitlement to social security supplementary benefit.‡

25.2 Telephones for the various age groups

Table 160 gives the telephone patterns of the various age groups in the impaired sample.

A substantial majority of impaired persons have no telephone in the household. However, 28% have a phone and most of these persons are able to use the phone available.

There is some minor variation in the availability of telephones between the age groups. The age group with the lowest availability rate is the 65 to 74 age group in which 24% have a phone in the household. The highest availability rate is for the eldest group: 31% of those aged 75 or over have a telephone available. However, these rates are rather misleading in that the group with the highest availability rate in terms of access is also that in which the utilization rate is lowest. Perhaps it would be more meaningful to compare the proportions with access and able to use, i.e. with useful or 'real' access. In this case the age group with the lowest proportion is the youngest (16 to 29) in which 21% have useful access, and the highest proportion is 28% for the age group 50 to 64.

It is interesting to note the differences in availability between the sexes. Impaired men have a lower proportion with access to a telephone than impaired women (25% compared with 29%). Moreover, although the men have a higher utilization rate, they still have a smaller proportion than women with useful access (23% compared with 25%).

* Subjects could only answer as to their ability to use standard phones. We may assume that there will be those—perhaps a majority—amongst the group who claimed to be unable to use a phone who *would* be able to use a suitable *adapted* phone or an extension phone.

† In the event, there were a considerable number of 'no answers' to this auxiliary question. See page 194.

‡ Amongst 'special expenses', which may be taken into account in adjusting awards of supplementary benefit to meet exceptional circumstances, are "telephone charges for a housebound person living alone who would otherwise be dangerously isolated in the event of an emergency". (Supplementary Benefits Handbook 1970, D.H.S.S., paragraph 65.)

A quarter of all impaired persons claim to be unable to use a telephone.

The ability to use a telephone generally decreases from the age of 30 onwards (from 89% for those aged 30 to 49 to 55% for those aged 75 or over). At all ages men are more likely to be able to use a telephone than women. Eighty-two per cent of all impaired men can use a telephone, compared with 70% of impaired women.

There is some marked difference in the proportions claiming to be unable to use a phone between those with a telephone available and those without access to one (12% as compared with 30%). One could argue that the 'fit' are the hirers, that those unable to use a telephone, would obviously not hire one in cases where no-one else in the household would benefit. However, it seems reasonable to

TABLE 160

Availability of and ability to use telephones for impaired men and women in various age groups

Availability of/ability to use telephones	Age group					All men %	All women %	All men and women %
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %			
<i>Has telephone and can use but cannot use</i>	21	27	28	22	23	23	25	24
<i>No telephone but could use but could not use anyway</i>	5	2	1	2	8	2	4	3
	58	62	59	54	32	58	45	50
	16	9	13	22	37	16	26	22
No. of which % based	366	1,502	3,425	3,767	3,528	5,099	7,489	12,588
% of those with a telephone who can use it	81	94	97	93	90	92	85	88
% of those without a telephone who could use one	79	87	86	72	47	78	64	70

Note: proportions do not in all cases add to 100% due to rounding

suppose that there is also an element of underestimation of ability amongst those without access to a telephone who claim to be unable to use one.

As far as the ability to use *available* phones is concerned, there is relatively little variation between age groups. The young impaired, aged 16 to 29, have the lowest use rate at 81%. This reflects their relatively severe handicap and the fact that, in this age group, the subject is unlikely to be responsible for payment of the telephone rental charges. The eldest group, those aged 75 or over, have an unexpectedly high use rate (90%).

The variation in the proportions within age groups, without access to a telephone, who claim to be unable to use one is considerable, ranging from 17% for those aged under 65 up to 28% for the 65 to 74 age group, and then to 53% for those aged 75 or over.

25.3 Telephones for those with various degrees of handicap

Table 161 gives the telephone availability and ability to use patterns for the various impairment groups.

There is little variation in the proportions within the various groups who have a telephone in the household. The very severely handicapped are, in fact, rather better off in this respect than other groups. However, the proportions of those with a telephone who claim to be unable to use it increase with severity of handicap, and it is apparent that the real availability decreases as handicap increases.

TABLE 161

Telephone availability and ability to use patterns for those with various degrees of handicap

Availability of/ ability to use telephones	Degree of handicap					
	Very severe handicap %	Severe handicap %	Appreciable handicap %	Handi- capped (Cate- gories 1-6) %	Minor/no handicap %	All impaired %
<i>Has telephone and can use but cannot use</i>	11	21	23	20	26	24
<i>No telephone but could use and could not use anyway</i>	18	6	3	6	2	3
<i>No telephone but could use and could not use anyway</i>	20	43	51	44	54	50
	51	30	23	30	18	22
No. of which % based	644	1,404	2,430	4,478	7,648	12,588
% of those with telephone who can use it	39	79	87	77	94	88
% of those with- out telephone who could use one	28	58	69	60	75	70

Note: proportions do not in all cases add to 100% due to rounding

The decline in utilization which is gradual, from 94% for those impaired with no handicap or only minor handicap to 79% for the severely handicapped, culminates in a dramatic drop to a low of 39% for the very severely handicapped.

The picture is similar for those without a telephone in the household. Utilization rates are in all cases lower, but follow a similar pattern, declining as the degree of handicap increases—from 75% for those impaired with no handicap or only minor handicap to 58% for the severely handicapped and then down to 28% for the very severely handicapped.

It is apparent that the very severely handicapped are extremely limited in their ability to use telephones. Sixty-nine per cent of this group claim to be unable to use a telephone. For the severely handicapped the figure is 36%. The high figure for the very severely handicapped may well be a reflection of severely limited mobility inside the household. The proportion that would still be unable to use telephones after adaptation, modification or extension of the telephone system may be assumed to be much smaller.

25.4 Telephone for the various mobility groups

Table 162 gives the telephone availability and phoning ability patterns for the impaired with various levels of mobility.

There is very little variation in the availability of telephones between the mobility groupings.

The differences in ability to use a phone are marked. The proportions able to use a phone decrease with mobility from a high of 84% for those with independent egress, without aids or difficulty, to a low of 19% for the bedfast. The differences within the housebound population between the use rates for those mobile within the house and the chairfast and bedfast are marked (49% compared with 26% and 19%).

TABLE 162

Telephone availability and ability to use amongst those impaired with various levels of mobility

Availability of/ ability to use telephones	Mobility							
	Egress on own without aids or difficulty %	Egress on own with aids or difficulty %	Depen- dent on someone else's help for egress %	Housebound				All im- paired %
				Gets about house %	Chair- fast %	Bed- fast %	All house- bound %	
<i>Has telephone and can use but cannot use</i>	25 1	29 1	23 11	16 9	8 16	7 23	14 11	24 3
<i>No telephone and can use and cannot use anyway</i>	59 15	50 20	35 31	32 43	19 58	12 58	29 46	50 22
No. on which % based	6,724	2,840	1,345	1,307	241	113	1,661	12,588
% of those with telephone who can use it	96	97	68	65	30		57	88
% of those with- out telephone who could use one	80	71	53	43	22		39	20

Note: proportions do not in all cases add to 100% due to rounding

If we examine the variation in the ability to use existing phones we find that whereas a third of the more mobile housebound are unable to use existing phones the corresponding proportion for the chairfast and bedfast is two-thirds. This argues the possibility that severely limited mobility inside the house has a very restricting effect on the ability to use phones. It would be interesting to know what effect extension phones would have.

As for the declared ability to use phones, in cases where there is no existing phone in the household, this declines with mobility. A majority of the non-housebound impaired without telephones claim that they could use one, if available, whilst a majority of the housebound (and more than three-quarters

TABLE 163
Telephone availability and ability to use amongst those impaired living alone and those living with others who have various levels of mobility

Availability of/ability to use telephone	Mobility							
	Egress on own without aids or difficulty		Egress on own with aids or difficulty		Dependent on someone else's help for egress		Housebound	
	Living alone %	Living with others %	Living alone %	Living with others %	Living alone %	Living with others %	Living alone %	Living with others %
Has telephone and can use but cannot use	20	26	26	30	15	24	12	15
No telephone but could use and could not use anyway	—	1	1	1	4	12	1	13
	59	59	47	51	37	34	30	29
	21	13	26	18	44	29	57	43
No. on which % based	1,279	5,445	821	2,019	198	1,147	319	1,343
% of those with telephone who can use it	100	96	96	97	(29) (37)	67	(39) (43)	54
% of those without telephone who could use one	74	82	64	74	46	53	34	40
							64	72

Note: proportions do not in all cases add to 100% due to rounding

of the chairfast and bedfast) claim to be unable to use a phone. It must be emphasized that this does not take account of the possibility of adaptations or extensions.

25.5 Telephones for those living alone

Table 163 shows the telephone patterns for those living alone and for those living with others in the various mobility groups.

The proportion with a telephone in the household is lower for those living alone than for those living with others (22% compared with 29%). This is true for all mobility groups but is particularly marked for those dependent on others for egress and for the housebound who might be considered more in need of a telephone, if only in case of emergency. Only 19% of those dependent for egress and living alone have a telephone, compared with 36% of those living with others.

For the housebound, the corresponding proportions are 13% and 28%. There is certainly a case for saying that this is a false comparison since there is clearly no point in someone living alone having a telephone if he cannot use it, and the proportions with real access to telephones are not that dissimilar (except amongst those dependent on others for egress).*

The proportions amongst those living alone and without a telephone in the household, who claim that they could not use one anyway, appear to be higher than amongst those living with others. It is suspected that those living alone—especially those dependent on others for egress—are underestimating their ability.

25.6 Reasons for inability to use telephones

We have already mentioned above the effect of severely limited mobility within the household on the ability to use telephones.

Table 164 gives the proportions of those claiming to be unable to use phones who are housebound and chairfast or bedfast.

Fifteen per cent of those with a telephone available but unable to use it and 7% of those without a telephone who claim to be unable to use one are housebound and chairfast or bedfast. Only one in a 100 of those able to use telephones is in these mobility groups.

It appears that two major causes of inability to use phones are hearing impairment and very restricted mobility. However, by no means all inability to use phones can be explained in these ways—particularly the untested inability of those without a telephone in the household. It seems reasonable to suppose that the impaired without a telephone are underestimating their ability.

As we have said above, no question was included on the reason for inability to use telephones. In an attempt to gauge how much this is due to an uncorrected hearing impairment we have compared the telephone pattern of those who claim

* It is arguable that the value of a telephone and thus, in some cases, the desire for a telephone to someone living alone (indeed to all those relatively isolated socially—the old and the impaired with restricted mobility) may be limited in that the installation of a phone may cause relatives and friends who previously visited personally to come less often and to phone instead when 'inconvenient' for them to make the trip. The existence of a telephone in the household may be an asset, especially in the event of an emergency, but there is cause for concern lest a phone installed 'just in case of emergencies' increases the isolation of the already isolated; the phone call is no substitute for personal contact, especially with one's children and grandchildren.

TABLE 164

Proportions within various telephone availability/use groups who are severely restricted in their mobility within the house

Availability of/ability to use telephones	Housebound Chairfast %	Housebound bedfast %	No. on which % based
Has telephone in household, but not able to use	9	6	426
No telephone in household and could not use anyway	5	2	2,756
All claiming to be unable to use telephone	6	3	3,182
All impaired claiming to be able to use telephone	1	■	9,405

* less than 0.5%

TABLE 165

Availability of and ability to use telephones amongst those impaired with an uncorrected or undercorrected hearing impairment and amongst other impaired persons

Availability of/ability to use telephones	Difficulty in hearing ordinary conversation claimed or observed %	Others %	All impaired %
Has telephone and can use	16	26	24
but cannot use	11	2	3
No telephone but could use	30	54	50
and could not use anyway	43	18	22
No. on which % based	1,867	10,721	12,588

Note: proportions do not in all cases add to 100% due to rounding

TABLE 166

Conversational aural ability amongst the various telephone availability/use groups

Conversational aural ability	Has telephone in household		No telephone in household		All impaired %
	and can use %	but can not use %	but could use %	and could not use anyway %	
Difficulty in hearing ordinary conversation claimed or observed	10	49	9	29	15
Others	90	51	91	71	85
No. on which % based	3,068	426	6,337	2,756	12,588

to be unable to hear or were observed to have difficulty in hearing ordinary conversation (even with their hearing aids, if used) with the pattern for other impaired persons.

Tables 165 and 166 provide this comparison.

Although there is almost no difference in the proportions within the two groups with access to a telephone in the household there is a marked difference in the ability to use telephones. Whereas the proportion of those impaired, with no claimed or observed uncorrected hearing impairment who are unable to use phones, is 54%, the corresponding proportion for other impaired persons is only 20%.

Hearing impairment is certainly a major cause of inability to use available telephones; almost a half of those with a telephone in the household who claim to be unable to use it have an uncorrected or undercorrected hearing impairment. Poor hearing is apparently less of a cause of inability amongst those without an existing phone.

25.7 Estimates of the impaired populations without a telephone in the household but claiming to be able to use one (Tables 167, 168 and 169)

TABLE 167

Estimated number of impaired persons aged 16 and over living in private households in Great Britain who have no telephone in the household but who are able to use a phone

Estimate	Age group					All men	All women	All men and women
	16-29	30-49	50-64	65-74	75 and over			
Estimated no. with no telephone in household but able to use one	50,000	230,000	490,000	490,000	280,000	720,000	820,000	1,540,000

Estimates rounded to nearest 10,000

TABLE 168

Estimated number of impaired persons with various degrees of handicap aged 16 and over living in private households in Great Britain who have no telephone in the household but who are able to use a phone

Estimate	Degree of handicap				Minor/no handicap	All impaired
	Very severe handicap	Severe handicap	Appreciable handicap	Handicapped (categories 1-6)		
Estimated no. of persons without telephone in household but able to use one	30,000	150,000	300,000	480,000	1,000,000	1,540,000

Estimates rounded to nearest 10,000

TABLE 169

Estimated number of impaired persons aged 16 and over living in private households in Great Britain living alone or living with others and with various levels of mobility who have no telephone in the household but who are able to use a phone

Level of mobility	Living alone Est. no.	Living with others Est. no.	All impaired Est. no.
Egress on own without aids or difficulty	180,000	780,000	960,000
Egress on own with aids/difficulty	90,000	250,000	350,000
Dependent on someone else's help for egress	20,000	100,000	120,000
Housebound	20,000	90,000	120,000*
All impaired	320,000	1,220,000	1,540,000

Estimates rounded to nearest 10,000

* of whom 10,000 are either chairfast or bedfast

No commentary is provided on these figures. The following caveats apply.

- (i) The estimates given here are based on the subject's claim as to ability to use a standard telephone. It seems likely that subjects have underestimated their ability so it would be well to treat these estimates as minimums. They are certainly underestimates of the numbers who would be able to use adapted phones or extended systems.
- (ii) As we have noted above, 9% of those without a telephone who claim to be able to use one have an uncorrected or undercorrected hearing impairment. We have not taken this into account in producing these estimates since the corresponding proportion amongst those *with* a telephone is 10%. However, if this were to be taken into account we could estimate that there are 1,400,000 impaired persons aged 16 and over living in private households in Great Britain who have no telephone in the household, but could use one, and who have no uncorrected or undercorrected conversational hearing impairment.

25.8 Adaptations to telephones

The interview schedule included a question, designed to be asked of all subjects who have access to a telephone in the household, on whether the phone involved is a standard model or has been specially adapted.

In the event there were a considerable number of 'no answers' to this supplementary question (16%). There are two likely reasons for this:

- (i) the interviewers put the question but forgot to ring the code for 'standard' in cases where the telephone was not adapted. In cases where there had been an adaptation this was sufficiently unusual to remind them that ringing was required.
- (ii) The no answer rate is higher for those who have said that they cannot use the available phone than for those who claim to be able to use it (27% compared with 14%) and this suggests that, for this smaller

group, an additional cause of no answers/blanks was that the interviewers forgot that the question applied, whether or *not* the available phone was used, and that the question was in fact never put.

In any case, we are unable to assume that the distribution of the 'no answers' would be similar to the distribution of recorded answers and therefore in our tables on 'adaptation' we have given the 'no answers' separately.

There is another problem to be taken into account when interpreting the data obtained from the question on adaptation. This is caused by misunderstanding of the phrase 'adapted phone'.

We were really interested here in the type of adaptations performed by the, then, G.P.O., i.e. amplification of voice received, amplification of bell (or addition of an extra bell) and larger dials with larger-type numbers.

Although we did not ask for the *type* of adaptation involved, in some cases the informant has volunteered this information spontaneously. We have examples of all the usual G.P.O. adaptations in which we were interested but, in addition, there are cases in which the alteration is *unusual* or not an adaptation to the phone itself but an extension or modification of the domestic telephone system. An example of the first type is the case of a very severely handicapped woman of 54 living alone and dependent on someone outside the house for help in getting out. She has a "long stick on the ear and mouth-piece to rest on a chair as (she is) not able to hold the phone in one hand unsupported". At the other end of the scale, there is a case in which the adaptation involved is "a long lead on the phone so that it can be used anywhere".

As a result of this confusion, even allowing for the problem of the high no answer rate, we are certainly over-estimating the proportion of phones that have been *adapted* in the accepted sense. It is arguable that the type of modification such as the 'long lead' mentioned could mean that an immobile person—particularly someone chairfast or bedfast—who would not otherwise be able to enjoy fully the benefits of a telephone in the household, would be given real access to the telephone. There are obviously a number of other possible modifications and additions to the normal domestic single-receiver telephone system that might make it possible for impaired persons, otherwise unable to use the available phone at all, or restricted in their answering ability by their relative immobility inside the house, to use the phone or to use it more easily, for example the portable phone with plug-in points in all rooms or the more usual extension phone.

It would be interesting to know how many of these modifications have been carried out and how useful they have been. Moreover, it would be worth examining the extent to which this kind of modification would give those impaired unable at present to use available phones real access to the system.

One further point must be made here. We cannot assume that an adaptation, where mentioned, was made for the convenience of the subject involved. One middle-aged woman claimed to have an adapted phone in that it had an extra bell. The subject herself had no difficulty in hearing ordinary conversation and volunteered that the adaptation had been made because another member of the household—who was not impaired in our sense—was deaf.

We have analysed the information on adaptation by age and sex and also by the degree of handicap. In addition, we have included some analysis

by the incidence of uncorrected or undercorrected hearing impairment in order to try to establish the effectiveness of adaptation and to determine who is receiving adaptations.

In view of the problems noted above, no attempt has been made to provide estimates of the availability of adapted phones amongst the total impaired population of Great Britain.

25.9 Adaptations to phones for those impaired in various age groups

Table 170 shows the type of phone available for those impaired in various age groups who have a phone in the household.

TABLE 170

Type of phone and ability to use amongst those impaired in various age groups with a telephone in the household

Type of phone and ability to use	Age group					All men %	All women %	All men and women %
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %			
Standard issue and can use but cannot use	66 13	80 5	81 2	78 6	57 19	77 6	72 11	74 9
Adapted and can use but cannot use	—	1	2	*	4 †	1	2 †	2 †
Type of phone not specified and can use but cannot use	15 6	13 1	15 1	9 6	12 8	14 2	12 4	12 3
No. on which % based	95	430	975	966	1,085	1,288	2,706	3,494

* less than 0.5%

† only one person

The vast majority of phones available for impaired persons are apparently standard issue. A small proportion (2%) are supposedly adapted but not all of these are G.P.O. adaptations. In 15% of cases we do not know whether the telephone involved is adapted. Although one in 10 of the standard issue phones is not used by the impaired person only one of the 65 persons with an adapted phone claims to be unable to use it.

There is almost no difference in the proportions within the sexes who have adapted phones available. Women have a slightly higher rate.

The age group with the highest proportion having an adapted phone available is the 75 and over group, but even here the proportion is very low.

No-one aged under 30 in the sample has an adapted phone.

Of the 65 persons with adapted phones 49 are women, and 36 of these women are aged 75 or over.

25.10 Adaptations to phones for those with various degrees of handicap

Table 171 shows the type of phone available to persons in the various handicap groups who have a phone in the household.

The proportion within the various groups who have an adapted phone is consistent at 2%.

Only two in five impaired persons with adapted phones have appreciable or more severe handicaps.

TABLE 171

Type of phone and ability to use for those impaired with various degrees of handicap who have a telephone in the household

Type of phone and ability to use	Degree of handicap					
	Very severe handicap %	Severe handicap %	Appreciable handicap %	Handicapped (categories 1-6) %	Minor/no handicap %	All impaired %
Standard issue and can use but cannot use	33 47	67 15	75 10	66 17	78 5	74 9
Adapted phone and can use but cannot use	2 ■	2 —	2 —	2 —	2 —	2 *
Type of phone not specified and can use but cannot use	3 13	10 6	10 3	9 5	14 2	12 3
No. on which % based	180	374	633	1,187	2,156	3,494

* only one person

TABLE 172

Type of phone and ability to use amongst those impaired persons with an uncorrected or undercorrected hearing impairment and amongst other impaired persons with a telephone in the household

Type of phone and ability to use	Difficulty in hearing ordinary conversation claimed or observed %	Others %	All impaired %
Standard issue and can use but cannot use	45 32	78 5	74 9
Adapted phone and can use but cannot use	5 —	1 ■	2 *
Type of phone not specified and can use but cannot use	9 9	13 2	12 3
No. on which % based	505	2,989	3,494

* only one person

25.11 Adaptations to phones for those with uncorrected or undercorrected aural impairment

Table 172 shows the proportions with standard and with adapted phones amongst those impaired who claim to be unable to hear or were observed to have difficulty in hearing ordinary conversation (even with their hearing aid, if used), and other impaired persons. Even amongst those with poor hearing the proportion with adapted phones is very low (5%). Twenty-four of the 65 impaired persons with adapted phones have an uncorrected or undercorrected hearing impairment (there may well be more with a *corrected* hearing impairment).

26.0 HOBBIES AND LEISURE PURSUITS IN GENERAL

Towards the end of that part of the interview devoted to leisure activities, all subjects were asked three questions on their use of free time (questions 39, 40 and 41). These questions covered 'hobbies', free-time activities other than hobbies, and activities which had had to be given up as a result of disability.

The information obtained from these questions is useful in that it provides a broad picture of the range of interests among the impaired and the handicapped. However, we must remember that each activity mentioned has been given equal weight and we do not know which of the activities mentioned by a subject is preferred. Moreover, we have not taken into account the *amount of time* an activity takes up.

No account has been taken of seasonal variations.* Although our interviewing was conducted during the winter months, the questions on hobbies and other leisure pursuits were very general and should not be seriously affected by this factor.

26.1 The leisure pattern of the general population

It is worth noting here some characteristics of the leisure pattern of the general urban population mentioned by Sillitoe in his recent report.†

As might be expected, for the general urban population a number of pursuits, notably physical recreation, gardening, television viewing, women's crafts and hobbies, and decorating or house or vehicle maintenance by men, all show

* Sillitoe notes the seasonal variation in the way in which the general urban population spends its leisure time. Not surprisingly, outdoor activities assume greater importance during the summer, whilst in winter there is a heavy dependence on television. Women spend more time on crafts during the winter and men do far less gardening and rather more decorating and house or vehicle maintenance. We may assume that an impaired person, and for that matter a handicapped person, is likely to be more mobile during good weather and thus during the summer. There is likely to be less seasonal variation in the mobility of the more severely handicapped and differences in the mobility, and thus in the leisure patterns of those with varying degrees of handicap, will probably be exaggerated during the summer months. Moreover, since the general population are inclined towards less active pursuits during the winter and towards a leisure pattern rather closer to that of the impaired, we can assume that differences in the leisure patterns of the impaired or handicapped populations and the pattern for the general population will be particularly marked during the summer months when the effects of mobility become evident.

† In a more detailed study of the leisure pursuits of the disabled it would be worthwhile examining the extent of seasonal variation.

† For a more detailed description of the leisure pattern of the general urban population see "Planning for Leisure" by K. K. Sillitoe (HMSO, Government Social Survey, 1969), pages 35 to 53.

marked variation in popularity with increase in age and change in domestic circumstances.

For both men and women interest in physical recreation declines with age after marriage. For the women this decline in interest after marriage is very much sharper, being largely attributable to the sudden decline in interest in dancing.

In both cases as interest in physical recreation wanes there is an increase in interest in television viewing. After the age of 45, men show a marked slackening in interest in television in favour of gardening. Sillitoe questions whether the rise in the proportions of leisure periods devoted to gardening as men grow older is due to an increase in 'interest' or to the fact that the young men live in smaller houses with smaller gardens and that the older men may be taking longer over the same gardening jobs.

The proportion of women's leisure periods devoted to crafts and hobbies (principally to knitting) increases after marriage but begins to decline after the age of 45 when children have become independent. This is not surprising since there is less need for these activities. This illustrates how this type of leisure pursuit is often indistinguishable from housework and household duties.

For both old men and old women excursions are less important than for the young, and old men spend less time on house or vehicle maintenance. Old women tend to compensate by turning to social activities, and men spend more time on walks and going to local parks. The old, especially old women, devote more leisure periods to reading.

In a general population with a similar domestic-age composition to that of our sample, television viewing might be expected to consume 23% of the leisure periods of the men and 26% of those of the women.* For the men, gardening would be the chief leisure pursuit in some 17% of leisure periods. Parks and walking and excursions would be the next most popular activities. Among the women, crafts (principally knitting), social activities and reading would each be chief leisure pursuits in more than a tenth of leisure periods.

26.2 The 'hobbies' of the impaired

Towards the end of that part of the interview specifically dealing with leisure activities, all subjects were asked whether they had any hobbies and, if so, what these were.

Table 173 shows the pattern of responses for the impaired in various age groups.

Fifty-nine per cent of all respondents say that they have a hobby. The proportions saying that they have no hobby increase with age from 21% for the youngest group up to 53% for the oldest.

Almost half of those with a hobby mention a handicraft (usually knitting in the case of women) and a third mention reading. Eleven per cent of all impaired persons mention gardening as a hobby.

* We have already noted in our discussion of the radio and television patterns of the impaired the apparent inconsistency between high availability rates and low frequencies of mentions of radio and television at these questions on hobbies and other leisure pursuits. As a result of the method of questioning used here, we are almost certainly underestimating the importance of listening and viewing, although it is possible that the low frequency of mentions reflects a lack of interest in the broadcasting media.

TABLE 173
Hobbies of impaired men and women in various age groups

Hobbies	Men aged					Women aged					Men and women aged							
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %
No hobbies	22	34	39	44	52	41	20	30	32	36	53	40	21	32	36	39	53	41
Has hobbies	78	66	61	56	48	59	80	70	68	64	47	60	79	68	64	61	47	59
Most frequently mentioned hobbies																		
Handicrafts (e.g. knitting, needlework, model making)	8	7	4	5	4	5	47	53	50	46	32	42	25	28	28	30	24	27
Reading (including being read to)	13	15	17	15	14	15	27	26	25	25	20	23	19	20	21	21	19	20
Gardening (including mowing the lawn)	5	15	19	23	18	19	2	8	9	7	4	6	4	12	14	13	8	11
Indoor games/ collecting hobbies	14	9	6	6	8	7	10	6	4	4	3	4	12	7	5	4	5	5
Home main- tenance/ decorating/do it yourself	10	15	12	12	6	11	2	4	2	1	*	1	7	10	7	5	2	5
Television/radio/ records	11	7	6	4	4	5	18	6	5	3	3	4	14	6	6	3	4	5
Technical hobbies (e.g. photo- graphy, car maintenance)	15	10	8	6	3	7	1	1	*	—	*	*	9	6	4	2	1	3
Sport as partici- pant	25	14	6	2	3	6	8	2	1	1	*	1	18	9	3	1	1	3
No. on which % based	204	811	1,654	1,469	994	5,134	160	700	1,790	2,287	2,561	7,498	364	1,510	3,443	3,762	3,553	12,634

* less than 0.5%

As is to be expected, apart from the variations in the proportions who have a hobby, there are considerable differences between the age-sex groups in the *type* of hobby mentioned.

For the men, the most frequently mentioned hobby is gardening, followed by reading and then the group of house maintenance activities including wood-work, 'do it yourself' and decorating. (This also includes car cleaning—but *not* car maintenance which is coded as a 'technical hobby'.)

Forty-two per cent of all impaired women mention a handicraft (usually knitting) as a hobby. This is easily the most frequently mentioned hobby among impaired women. Twenty-three per cent of impaired women mention reading as a hobby.

Not surprisingly, young men lay more emphasis on sport and technical hobbies than older men. A quarter of impaired men aged 16 to 29 mention a participant sport as their hobby. The proportion mentioning technical hobbies may be a reflection of car ownership since car maintenance is included in this group. The difference between the proportions of young men mentioning television, radio or records and the corresponding proportions among older men may well be due to the inclusion of records. Gardening is of little interest to young men, the overwhelming majority of whom are not married.

As is to be expected, interest in gardening increases with age and is the most frequently mentioned hobby among the older men. Sports, technical hobbies and television and radio all decrease in importance as age increases. There is very little difference in the importance attached to reading as a hobby by the different age groups.

The group of handicrafts which includes knitting, needlework and sewing is the most frequently mentioned hobby among impaired women of all ages. The second most frequently mentioned hobby at all ages is reading. The young women aged 16 to 29 lay more emphasis on sport and on indoor games and far more emphasis on television, radio and records than their elders. As in the case of the impaired men, the proportions of impaired women mentioning sport or television or radio decrease as age increases. The proportions mentioning reading as a hobby also decrease as age increases. In all age groups, reading is more frequently mentioned by the women than by the men.

26.3 Hobbies and the degree of handicap

Table 174 shows the hobby pattern for those with various degrees of handicap.

As is to be expected, the proportions saying that they have no hobbies increase with the severity of handicap from 37% for those impaired with no handicap or only minor handicap up to 67% for the very severely handicapped.

The type of hobby is more the reflection of age and sex than of degree of handicap. The two most frequently mentioned hobbies at all levels of handicap are handicrafts and reading. Only for the very severely handicapped is reading the most frequently mentioned hobby. Gardening is the third most frequently mentioned hobby among those with no handicap or only minor handicap and the appreciably handicapped, but among the severely and very severely handicapped gardening is less frequently mentioned than television, radio and records or indoor games.

TABLE 174

Hobbies of impaired persons with various degrees of handicap

Hobbies	Degree of handicap					
	Very severe handicap %	Severe handicap %	Appreciable handicap %	Handi-capped (categories 1-6) %	Minor/no handicap %	All impaired %
No hobbies	67	49	42	48	37	41
Has hobbies	33	51	58	52	63	59
Most frequently mentioned hobbies						
Handicrafts	12	26	29	26	29	27
Reading	18	25	21	22	20	20
Gardening	1	4	10	7	14	11
Indoor games	4	6	4	5	5	5
Home maintenance/ decorating/ 'do it yourself'	1	1	4	3	6	5
Television/radio/records	5	7	4	5	4	5
Technical hobbies	1	1	2	1	4	3
Sport as participant	*	1	2	1	4	3
No. on which % based	640	1,417	2,443	4,500	7,679	12,634

* less than 0.5%

26.4 Other leisure pursuits for the impaired in various age groups

Having been asked whether they had any hobbies, all subjects were asked in what other ways they spent their time when they were not working.

Table 175 shows the pattern of responses for respondents in the various age groups.

The majority of respondents (61%) mention a pursuit. The differences between the age-sex groups in the proportions not having any other leisure pursuit is largely attributable to the higher proportions of women in the age groups 30 to 49 and 50 to 64 who say that they have 'no spare time'. A quarter of the women aged 30 to 49 say that they have no spare time.

The proportions mentioning very negative pursuits such as sleeping, resting, thinking and 'sitting looking out of the window' increase with age. For both sexes, but particularly for the women, there is a sharp increase in the proportions mentioning negative pursuits after the age of 74.

For both men and women the most frequently mentioned specific pursuit is reading. This is the most frequently mentioned pursuit in most age-sex groups except that for men aged 16 to 29 television, radio, records and clubs or pubs are more important. For the women of this age, reading ranks below housework, visiting, television, radio and records in frequency of mentions. For those women slightly older (30 to 49) housework is the most frequently mentioned pursuit and for women aged 50 to 64 visiting is the most important pursuit.

Visiting is more frequently mentioned by women than by men. Conversely, television, radio and records are more often mentioned by the men. Walking

TABLE 175

Leisure pursuits other than 'hobbies' of impaired men and women in various age groups

Other leisure pursuits apart from 'hobbies'	Men aged						Women aged						Men and women aged							
		30-49 %	50-64 %	65-74 %	75 and over %	All ages %		16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %		16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %
	16-29 %																			
None	23	27	31	28	29	29	23	22	28	34	28	29	23	25	29	32	28			29
No spare time	10	12	9	6	4	8	13	26	16	9	7	12	11	18	12	8	6			10
Most frequently mentioned pursuits																				
Negative (e.g. sleeping, resting, sitting)	4	5	9	12	18	11	5	6	6	9	20	12	4	6	7	10	19			11
Reading	9	16	21	24	21	21	11	14	14	18	25	19	10	15	17	21	24			20
Visiting/entertaining	9	7	7	11	6	8	13	12	18	13	13	14	11	9	12	12	11			12
Housework/cooking/looking after family	4	7	6	11	9	8	20	15	13	11	15	13	11	11	9	11	13			11
Television/radio/records	17	11	11	11	13	12	12	8	9	8	10	9	15	10	10	9	11			10
Walking/shopping	7	8	11	14	14	12	7	6	6	5	7	6	7	7	8	9	9			8
Handicrafts	1	1	*	1	*	1	7	6	6	7	6	6	3	3	3	4	5			4
Gardening	7	8	6	7	6	7	2	3	2	2	2	2	5	6	4	4	3			4
Home maintenance/decorating/'do it yourself'	4	10	7	8	8	8	1	2	1	1	*	1	3	6	4	4	3			4
Clubs/pubs/bingo	10	6	5	4	5	5	7	3	2	2	2	2	9	5	4	3	3			4
No. on which % based	206	808	1,645	1,462	997	5,116	159	697	1,775	2,295	2,564	7,490	365	1,504	3,420	3,756	3,560			12,606

* less than 0.5%

is much more important to the older men than to the older women even though this includes shopping.

26.5 Other leisure pursuits of those with various degrees of handicap

Table 176 shows the pattern of responses from persons with various degree of handicap.

As is to be expected, the proportions having no other leisure pursuits increase with the degree of handicap. However, a majority in each group mention a pursuit, even if a negative one.

The proportion giving a negative pursuit is twice as high among the severely and very severely handicapped as among those with no handicap or only minor handicap.

TABLE 176

Leisure pursuits other than 'hobbies' of impaired persons with various degrees of handicap

Other leisure pursuits apart from hobbies	Degree of handicap					
	Very severe handicap %	Severe handicap %	Appreci- able handicap %	Handi- capped (cate- gories 1-6) %	Minor/ no handicap %	All impaired %
None	45	29	31	32	28	29
No spare time	2	7	9	7	11	10
Most frequently mentioned pursuits						
Negative	21	22	13	17	8	11
Reading	21	22	20	21	19	20
Visiting/entertaining	9	11	13	12	12	12
Housework	3	10	12	10	12	11
Television/radio/records	11	11	10	10	10	10
Walking/shopping	1	6	6	5	10	8
Handicrafts	2	4	5	4	4	4
Gardening	*	2	3	2	5	4
Home maintenance/ decorating/ 'do it yourself'	*	2	3	2	4	4
Clubs/pubs/bingo	*	2	2	2	4	4
No. on which % based	645	1,405	2,431	4,481	7,653	12,606

* less than 0.5%

There is little difference between the groups in the proportions mentioning reading or television, radio and records and only a minor one in the case of handicrafts. The proportion mentioning active pursuits among the very severely handicapped is understandably low.

26.6 Activities given up by impaired persons in various age groups

After they had been asked about their current hobbies and leisure pursuits, all subjects were asked whether they had had to give up doing anything as a result of their particular conditions which they had previously enjoyed.

Certainly there are problems here in interpreting the information obtained. We do not know *when* the activity involved was given up nor do we really know

TABLE 177

Activities previously enjoyed given up by impaired men and women in various age groups

Activities given up	Men aged						Women aged						Men and women aged					
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %
None	63	41	32	38	43	38	71	40	43	43	42	43	66	41	38	41	42	41
Have had to give up something	37	59	68	62	57	62	29	60	57	57	58	57	34	59	62	59	58	59
Most frequently mentioned activities given up																		
Walking/shopping	2	8	12	12	7	10	4	14	18	19	10	15	3	11	15	17	9	13
Gardening	1	10	18	21	25	18	1	8	9	10	8	9	1	9	13	14	13	13
Handicrafts	1	1	1	1	1	1	3	17	17	19	25	20	2	8	9	12	19	13
Sports as participant		34	24	15	13	21	15	18	7	3	1	5		27	16	8	4	12
Home maintenance/																		
decorating/* do it yourself*	1	6	12	12	9	10			2	1	1	1	1	4	7	6	3	5
Clubs/pubs/bingo	2	5	8	4	3	5	1	3	3	4	4	4		4	6	4	3	4
Dancing	3	6	5	2	—	3	10	16	7	3	1	5	6	11	6	3	*	4
Reading	—	1	1	2	4	2	1	2	2	3	8	7	*	1	2	4	3	3
Housework	—	1	*	1	1	1	1	3	3	6	7	5	*	2	4	4	5	3
Outings/driving	6	4	6	7	5	6	2	2	2	2	2	2	4	3	4	4	3	4
Visiting/entertaining	1	2	2	1	2	2	1	3	4	4	3	4	1	2	3	3	3	3
No. on which % based	193	799	1,646	1,465	988	5,091	147	693	1,780	2,281	2,511	7,413	341	1,492	3,426	3,746	3,498	12,504

* less than 0.5%

whether the cause was disability. We suspect that among the older impaired there will be those who claim to have had to give up doing something because of their conditions, whereas this was, in fact, given up because of age or changes in domestic or financial circumstances.

Table 177 shows the activities given up by impaired persons in various age groups as a result of their particular conditions.

A majority of impaired persons have had to give up doing something they enjoyed (59%). This is true for both sexes and for all age groups except for the youngest. Two-thirds of the young impaired women and 63% of the young impaired men have not had to give up anything.

The most frequently mentioned activities given up are walking (including shopping), gardening, handicrafts and sport.

Among the men the most frequently mentioned activity forsaken is sport, followed by gardening, home maintenance and walking. For the women, handicrafts is the most frequently mentioned activity, followed by walking (presumably shopping). Gardening is mentioned by less than a fifth of the women who have had to give up something.

The overwhelming majority of the young men who have had to give up something mention sport. Even for the men aged 50 to 64 sport is still the most frequently mentioned activity. Gardening is the most frequently mentioned activity given up by men aged 65 or over although, even for the men aged 75 or over, sport ranks second in frequency of mentions.

As with the young men, the most frequently mentioned activity given up by young women is sport although the proportions mentioning sport are smaller. Dancing is far more frequently mentioned by the younger women than by the men. It is the second most frequently mentioned activity given up by women aged 16 to 29 and ranks third in frequency of mentions among those aged 30 to 49. Neither sport nor dancing is often mentioned by women aged over 49. For the older women handicrafts and walking are more often mentioned. Proportionately less women have had to give up gardening.

26.7 Activities given up by those with various degrees of handicap

Table 178 shows the activities given up by persons with various degrees of handicap.

As is to be expected, the proportions claiming that they have had to give up doing something they enjoyed as a result of their main disability increase with severity of handicap, although the figure for the very severely handicapped is lower than that for the severely handicapped.

There is some variation in the types of activity mentioned by those who have had to give something up, but this is largely a reflection of the age and sex composition of the groups.

26.8 Sense of deprivation among the impaired and handicapped

At the end of the interview two rather general questions were put to subjects (questions 148 and 149):

- (i) 'Some people say they miss a lot of things by being disabled, others say they get as much out of life as most other people. How do you feel?'
- (ii) 'What would you say is the main disadvantage of having (disability)?'

TABLE 178

Activities previously enjoyed given up by impaired persons with various degrees of handicap

Activities given up	Degree of handicap					
	Very severe handicap %	Severe handicap %	Appreciable handicap %	Handicapped (categories 1-6) %	Minor/no handicap %	All impaired %
None	27	21	32	28	48	41
Had to give up something	73	79	68	72	52	59
Most frequently mentioned activities given up						
Walking/shopping	12	18	15	16	12	13
Gardening	12	18	15	16	11	13
Handicrafts	25	27	18	22	8	13
Sport as participant	6	12	13	11	12	12
Home maintenance/decorating/						
'do it yourself'	5	7	5	6	4	5
Clubs/pubs/bingo	7	7	5	6	3	4
Dancing	2	5	3	4	4	4
Reading	9	5	4	5	2	3
Outings/driving	4	3	4	4	3	4
Housework	13	6	5	6	2	3
Visiting/entertaining	5	4	3	4	3	3
No. on which % based	618	1,396	2,429	4,443	7,607	12,504

It was to be expected that answers to these questions would reveal the extent of the feeling of deprivation among the impaired in regard to the quality of their life in general and their ability to use free time in particular.

The reader should bear in mind the precise wording of these questions for, not surprisingly, the patterns of responses differ as a result of differences in wording. The impaired are almost all placed at a disadvantage but, allowing for adjustment to and acceptance of impairment, many claim not to miss anything. If something is missed it is likely to be some social or outdoor activity. Moreover, whereas the former of these questions referred to disablement generally the latter referred specifically to the subject's particular condition and this is reflected in the proportions claiming to be restricted in movement or to feel physical pain or discomfort as the main disadvantage in reply to this question.

Table 179 shows the variations in responses to question 148 between the age groups.†

* Answers to these questions from proxies have been disregarded.

† The figures given for the youngest age groups (16 to 29) should be treated with caution.

The proportions of cases in which we have had to disregard answers since given by proxies and not by subjects personally are high in these groups (22% in the case of the young men and 21% in the case of the young women).

The table assumes that the distribution of responses from subjects involved in proxy interviews, had they been obtained, would have been similar to that of actual responses from those able to answer personally. In the case of the youngest age groups (16 to 29), if this assumption were false, the figures shown could be particularly misleading; the effect in the other age groups would be less severe.

We have no evidence that this assumption is false. However, one might expect the attitudes of those needing proxy assistance to be different to those of subjects who were able to answer

TABLE 179

Feeling about missing a lot among impaired men and women in various age groups

Feeling about missing a lot	Men aged					Women aged					Men and women aged							
	16-29† %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %	16-29† %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %	16-29† %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %
Does not miss anything	45	44	36	50	54	45	51	48	49	51	58	53	48	46	43	51	57	49
Miss social activities	9	14	18	14	12	15	16	19	16	14	12	14	12	16	17	14	12	15
Sense of isolation or loneliness	2	3	5	9	11	7	5	7	11	17	15	14	3	5	8	14	14	11
Restriction of movement	5	10	14	14	9	12	13	10	11	10	7	9	8	10	13	12	8	11
Cannot take part in sports or outdoor activities	21	19	18	15	9	16	10	9	6	6	5	6	16	15	12	10	6	10
Makes one feel depressed	7	6	7	3	1	5	3	9	5	5	3	5	6	8	6	4	3	5
Miss going to work	11	6	7	3	2	5	5	4	3	1	1	2	8	5	5	2	1	3
Cannot do the housework or household repairs	1	2	4	3	4	3	2	5	3	3	2	3	2	3	3	3	3	3
Financial difficulties	4	6	8	2	1	4	2	3	4	1	1	2	3	5	6	1	1	3
Miss a lot	6	4	5	3	1	4	4	4	3	2	2	2	5	4	4	2	2	3
Physical pain or discomfort	2	4	3	3	1	3	2	3	3	2	2	2	2	3	3	3	2	3
Dependent on others	2	1	1	*	2	1	2	3	3	2	2	2	2	2	2	2	2	2
Have had to give up hobbies	3	1	1	3	3	2	2	2	1	1	2	2	2	1	1	2	2	2
Marital deprivation	4	1	1	*	—	1	2	1	*	—	—	*	3	1	1	*	—	*
Does not know	1	1	1	1	2	1	2	1	1	1	1	1	1	1	1	1	1	1
Other answers	1	1	1	1	1	1	2	2	1	1	*	1	2	2	1	1	1	1
No. on which % based	162	771	1,594	1,418	868	4,813	126	663	1,734	2,180	2,225	6,928	288	1,434	3,328	3,598	3,093	11,741

* less than 0.5%

† the figures given for these groups should be treated with caution (see footnote †, page 207)

Forty-nine per cent of all respondents say that they do not miss anything. The age group apparently feeling least deprived is the eldest.* The group most deprived is the 50 to 64 age group. For both sexes, those aged under 65 feel they miss more than those aged 65 or over. Men feel more deprived at all ages than do the women. The differences between the male and female response patterns are particularly marked in the age group 50 to 64. Sixty-four per cent of men in this age group say that they miss something. The corresponding proportion among the women of this age is only 51%.

Fifteen per cent of all respondents say that they miss social activities, 11% express a sense of isolation and 11% complain of restriction in movement. Ten per cent say that they miss not being able to take part in sports or other outdoor activities (including holidays).

For the men, the most frequently expressed sentiment is the inability to take part in sports and other outdoor activities. This is the most frequently mentioned type of activity at all ages except among those aged 75 or over. The proportion expressing a sense of isolation increases with age but only among the men in the eldest group do as many as 10% mention this.

Among the women aged 16 to 64 the most frequently mentioned area of deprivation is that of social activities. However, for women aged 65 or over the most common grievance is a sense of isolation. Women obviously feel this more than men. This must largely be a reflection of the relatively high proportions of elderly women who are widowed or living alone.

Table 180 shows the variation in responses from persons with various degrees of handicap.†

As we might expect, the proportions claiming to miss something increase with the severity of handicap. Variations in the types of response are affected by age and sex (amongst other things) but it is worth noting the trend in the proportions claiming to feel isolated from 7% for those respondents with no handicap or only minor handicap up to 21% for those severely handicapped.‡

Table 181 illustrates the variation in responses to the second question on the 'main disadvantages' of the subject's particular condition between the age groups.§

for themselves. Since they are more 'dependent', if not more 'handicapped', it is arguable that they are more likely to have missed something as a result of their impairment. On the other hand, it might be argued that, in the case of someone seriously disabled early in life, especially those with a mental impairment, something that has never been experienced, never been considered attainable or never been appreciable can never be 'missed'.

* This is not surprising since those expressing resignation (for example, 'I get as much out of life as can be expected at my age') and those who say that they have fully adjusted to their new style of life have been treated as not missing anything.

† The figures for the very severely handicapped group have not been included separately in this table.

As is to be expected, the proportion of cases in which we have had to disregard answers since given by proxies and not by subjects personally is high in this group (40%). In view of this, the assumption that the distribution of responses from the subjects involved in proxy interviews, had they been obtained, would have been similar to that of actual responses from those able to answer for themselves would be a rash one in the case of the very severely handicapped since if this were false, the picture presented could be particularly misleading.

‡ It may be worthwhile noting that, on the evidence of the personal responses from subjects in categories 1 to 3, the two major trends discernible in regard to responses from those with severe or less than severe handicap are continued in the case of the very severely handicapped. Thirty-two per cent of the very severely handicapped respondents claim not to miss anything. Thirty-one per cent express a sense of isolation.

§ In this case, as in that of Table 179, the figures given for the youngest age groups (16 to 29) should be treated with caution (see footnote †, page 207).

TABLE 180

Feeling about missing a lot among impaired persons with various degrees of handicap

Feeling about missing a lot	Degree of handicap					
	Very† severe %	Severe %	Appreci- able %	All in cate- gories 1-6 %	Minor/ no handicap %	All impaired %
Does not miss anything		39	44	41	54	49
Miss social activities		20	17	18	13	15
Sense of isolation or loneli- ness		21	15	18	7	11
Restriction of movement		8	10	9	11	11
Cannot take part in sports/ outdoor activities		12	10	11	10	10
Makes one feel depressed		7	5	6	4	5
Miss going to work		3	3	3	3	3
Cannot do the housework or household repairs		3	5	4	2	3
Financial difficulties		1	3	2	3	3
Miss a lot		4	3	3	3	3
Physical pain or discomfort		2	3	3	3	3
Dependent on others		3	2	3	1	2
Have had to give up hobbies		2	2	2	2	2
Marital deprivation		*	*	*	1	*
Does not know		1	1	1	1	1
Other answers		1	1	1	1	1
No. on which % based		1,316	2,326	4,024	7,324	11,741

* less than 0.5%

† the figures for the very severely handicapped group have not been included separately in this table (see footnote † page 209)

The most frequently mentioned disadvantage in all age-sex groups is restriction of movement. The second most often claimed disadvantage is a feeling of isolation. This is particularly important to the men aged 75 or over and the women aged 65 or over. The only other disadvantage mentioned by as much as a tenth of respondents as a whole is physical pain or discomfort. This is given less emphasis by the youngest and oldest age groups. As is to be expected, young men miss work and middle-aged women miss being able to do their housework.

Table 182 shows the variation in the type of disadvantages mentioned by persons with various degrees of handicap.‡

The most striking points are the variations in the proportions mentioning a sense of isolation or a sense of dependence, both of which increase with severity of handicap, and the proportions complaining of restriction in movement or physical discomfort, both decreasing as severity of handicap increases.§

‡ As in the case of Table 180, the figures for the very severely handicapped group have not been included separately in this table. The reason for this is the same in both cases (see footnote †, page 209).

§ It may be worthwhile noting that, on the evidence of the personal responses obtained from subjects in categories 1 to 3, the two major trends discernible in regard to responses from those with severe or less than severe handicap are continued in the case of the very severely handicapped. Forty-six per cent of the very severely handicapped respondents express a sense of isolation or loneliness and 21% a feeling of dependence.

TABLE 181

Main disadvantages of respective conditions for impaired men and women in various age groups

Main disadvantages of respective conditions	Men aged					Women aged					Men and women aged							
	16-29† %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %	16-29† %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %	16-29† %	30-49 %	50-64 %	65-74 %	75 and over %	All ages %
Does not miss anything	7	4	3	4	8	5	13	5	3	4	10	6	9	4	3	4	9	5
Restriction of movement	35	37	40	48	36	41	23	33	40	42	32	37	30	35	40	45	33	39
Sense of isolation or loneliness	5	3	7	12	22	11	6	7	13	21	29	20	6	5	10	18	27	16
Physical pain or discomfort	9	14	15	16	9	14	8	15	17	14	10	13	9	14	16	15	10	13
Cannot do the housework or household repairs	2	5	6	7	12	7	7	14	12	15	9	12	4	9	9	12	9	10
Miss social activities	4	8	9	7	9	8	12	10	10	6	6	8	8	9	10	7	7	8
Miss going to work	22	19	19	7	1	12	10	6	5	2	1	3	17	13	12	4	1	7
Cannot take part in sports or outdoor activities	7	14	9	9	6	9	6	7	5	3	2	4	7	11	7	6	3	6
Makes one feel depressed	9	7	7	5	2	6	15	13	7	5	2	5	11	10	7	5	2	6
Dependent on others	3	3	3	5	3	3	6	10	7	6	6	7	5	6	5	5	5	5
Have had to give up hobbies	2	1	2	4	6	3	—	2	3	3	7	4	1	2	2	3	7	4
Financial difficulties	6	9	7	2	1	5	2	3	3	1	1	1	1	6	5	1	1	3
Miss a lot	1	1	1	2	1	1	2	1	1	1	1	1	1	1	2	2	1	1
Marital deprivation	1	1	1	1	—	1	1	1	*	—	—	*	1	1	1	*	—	*
Does not know	3	1	1	1	2	1	4	2	1	1	3	2	3	1	1	1	1	2
Other answers	4	4	3	3	2	3	6	6	3	1	2	3	5	5	3	2	2	3
No. on which % based	164	769	1,594	1,425	871	4,823	124	664	1,736	2,183	2,221	6,928	288	1,433	3,330	3,608	3,092	11,751

* less than 0.5%

† the figure given for these groups should be treated with caution (see footnote †, page 207)

TABLE 182

Main disadvantages of respective conditions for impaired persons with various degrees of handicap

Main disadvantages of respective conditions	Degree of handicap					
	Very† severe	Severe %	Appreciable %	All in categories 1-6 %	Minor/ no handicap %	All impaired %
Does not miss anything		2	4	3	6	5
Restriction of movement		31	40	34	41	39
Sense of isolation or loneliness		31	22	27	11	16
Physical pain or discomfort		9	13	11	15	13
Cannot do the housework or household repairs		13	11	12	9	10
Miss social activities		10	■	8	8	8
Miss going to work		5	5	5	7	7
Cannot take part in sports/ outdoor activities		5	5	4	7	6
Makes one feel depressed		6	6	6	5	6
Dependent on others		11	6	9	3	5
Have had to give up hobbies		3	4	4	4	4
Financial difficulties		3	2	2	3	3
Miss a lot		3	1	2	1	1
Marital deprivation		*	*	■	*	*
Does not know		1	1	1	2	2
Other answers		1	1	1	3	3
No. on which % based		1,324	2,330	4,041	7,311	11,751

* less than 0.5%

† the figures for the very severely handicapped group have not been included separately in this table (see footnote †, page 209)

27.0 SUMMARY: SECTIONS 19-26

The summary table (Table 183) has been included to illustrate variations in some of the leisure characteristics of impaired persons in various age groups and with various degrees of handicap.

(i) Local authority centres for the physically handicapped

The proportions of the impaired and the handicapped populations attending local authority centres are very small. Only 2% of all those impaired who are not housebound and not working actually attend a centre. For the appreciably and more severely handicapped, the corresponding proportion is 3% and for the very severely handicapped 5%. The vast majority of handicapped or impaired persons who are available for centres have never heard of a centre locally.

(ii) Clubs

Only 26% of all impaired persons attend a club. Club attendance is more common among the young than the old. Largely because of very restricted mobility the proportion attending clubs among the very severely handicapped is extremely low. Except in the case of someone with a very severe handicap, non-attendance by a non-housebound person is likely to be for a reason other than disability.

(iii) Ability to attain desired destinations

Three-quarters of all impaired persons are neither housebound nor prevented

TABLE 183

Summary table: Leisure characteristics of impaired persons in various age groups and with various degrees of handicap

Leisure characteristic	Age group					Degree of handicap					
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	Very severe handicap %	Severe handicap %	Ap- preciable handicap %	Handi- capped (cate- gories 1-6) %	Minor/no handicap %	All impaired %
Goes to club	40	32	26	29	19	4	17	25	19	29	26
Housebound—or <i>not</i> housebound but prevented by disability from going somewhere that subject wishes to	10	13	18	24	39	78	44	33	42	14	25
No holiday in last 3 years	18	29	30	33	46	60	40	37	41	31	35
No access to radio	2	3	4	5	7	8	6	6	6	5	5
No access to television	4	5	7	11	16	12	10	11	11	10	10
No telephone in house that subject is able to use	79	73	72	78	77	89	79	77	80	74	76
Has had to give up doing some- thing previously enjoyed (as result of disability)	34	59	62	59	58	72	79	68	72	52	59
Subject feels he misses something as a result of being disabled	52	54	57	49	43	68	61	56	59	46	51
No. in group*	369	1,520	3,456	3,795	3,598	652	1,420	2,457	4,529	7,734	12,738

* proportions not all derived from full base

from going somewhere that they wish by access problems associated with their main disabilities. The proportions who are housebound or prevented from attaining a desired destination increase with age and with severity of handicap. The very severely handicapped are extremely restricted in this respect, only 22% being able to go everywhere that they wish. However, these differences are largely reflections of the proportions within the groups who are housebound. Although the proportions of the non-housebound in each group who are prevented from going somewhere increase with severity of handicap, even a very severely handicapped person who is not housebound is likely to be able to get to all the places he wishes (although the 'desire' may be affected).

Where someone who is not housebound cannot get somewhere he wishes to go this is almost always because of difficulty in getting *to* the destination. Even among the very severely handicapped, less than a fifth of these not housebound but unable to go somewhere, are prevented by difficulty in getting *into* the destination once the journey has been made.*

(iv) *Radio and television*

Ninety-five per cent of all impaired persons have access to radio and 90% have access to television. Eighty-five per cent have both available. The overwhelming majority of impaired persons at all ages and at all levels of handicap have either radio or television, and, where facilities are available, they are generally used. Even among the very severely handicapped, 65% have and use a radio and 74% have access to a television and view.

(v) *Telephones*

Seventy-two per cent of all impaired persons have no telephone in the household; a further 4% have a phone but cannot use it. There is very little difference in the availability rates between age groups or between those with various degrees of handicap. However, the ability to use phones decreases as the severity of handicap increases. The very severely handicapped are particularly restricted in their ability to use phones.

Only 2% of those with a telephone in the household say that the phone has been adapted.

(vi) *Activities given up as a result of impairment*

Fifty-nine per cent of all impaired persons have had to give up doing something which they previously enjoyed as a result of their particular condition. The age group least affected is the youngest, the one most affected the middle age group, those aged 50 to 64. As is to be expected, the proportion who have had to give something up is higher among the appreciably and more severely handicapped than among those impaired with no handicap or only minor handicap (72% as compared with 52%).

(vii) *Sense of deprivation among the impaired*

Although a sizeable minority of all impaired persons (49%) and a majority of impaired persons with no handicap or with only minor handicap seem to feel that they get as much out of life as the unimpaired—or, at least, as much as can be expected in old age—the proportions claiming to miss something increase with severity of handicap.

* Of course, the problem of 'access' is not confined to the destination building. Certainly many of the difficulties in getting *to* places involve access problems for the handicapped and impaired, for example getting into and out of buses and trains.

APPENDIX A—CLASSIFICATION OF DISEASES AND IMPAIRMENTS

I.C.D. 1957

I	Infective and parasitic diseases (excluding poliomyelitis, encephalitis)	
1	Respiratory tuberculosis	001-008
2	Non-respiratory tuberculosis	010-019
3	Other infective and parasitic diseases	020-074; 084-138
II	Neoplasms	
1	Cancers, malignant tumours	140-205
2	Benign and unspecified tumours	210-239
III	Allergic, Endocrine, metabolic and nutritional diseases	
1	Diabetes (mellitus)	260
2	Other endocrine diseases	250-254; 270-277
3	Nutritional, metabolic, allergic	280-289; 240; 242; 244; 245
IV	Diseases of blood and blood-forming organs	
1	Haemophilia	295
2	All other diseases of blood and blood-forming organs	290-294; 296-299
V	Mental, psychoneurotic and personality disorders	
1	Mental illness, psychosis, etc.	300-326 (except 325)
2	Nervousness, debility, headache, etc.	790; 791
3	Mental subnormality	325
VI	Diseases of central nervous system	
1	Poliomyelitis	080-081
2	Cerebral haemorrhage, subarachnoid, etc.	330-334
3	Multiple (disseminated) sclerosis	345
4	Paralysis agitans (Parkinsonism)	350
5	Cerebral palsy (spastic)	351
6	Paraplegia, hemiplegia	352
7	Epilepsy	353
8	Migraine	354
9	Dizziness, giddiness, vertigo, convulsions	780.1; 780.2; 780.6
10	Sciatica	363
11	Head injury including fractures of skull	N850-N856; N800; N804
12	Other central nervous system diseases	082; 083; 340-344; 356-362; 364-367; 780 (except 780.1; 780.2; 780.6); 781

VII Diseases of circulatory system	
1	Congenital heart disease 754
2	Rheumatic fever 400-416
3	Coronary disease, ischaemic heart disease, angina 420.1; 420.2
4	Arteriosclerotic disease, myocardial degeneration, etc. 420.0; 421; 422
5	High blood pressure, hypertension 440-447
6	Diseases of the arteries (Raynauds, poor circulation) 450-456
7	Varicose veins 460
8	Heart trouble, unspecified 434
9	Other diseases of circulatory system 430-443; 461-468; 782
VIII Diseases of respiratory system	
1	Bronchitis 500-502
2	Emphysema 527.1
3	Asthma 241
4	Pneumoconiosis, silicosis, 'dust' disease of lung, etc. 523; 524
5	Other lung diseases and symptoms 480-483; 490-493; 510-522; 525; 526; 527 (except 527.1); 783
IX Diseases of digestive system	
1	Stomach and duodenum 540-545
2	Intestines 570-578
3	Liver, gall bladder, pancreas 580-587
4	Hernias 560-561
5	Other diseases of digestive system 530-539; 784; 785; 550-553
X Diseases of genito-urinary system	
1	Diseases of kidney 590-594; 600-603
2	Diseases of bladder, prostate, incontinence 604-609; 610-617; 786
3	Diseases of female genital organs 620-637
XI Disorder of sense organs	
1	Diseases of eye, partial blindness 370-388 (blindness, 389, coded elsewhere)
2	Deafness 397; 398
3	Other ear disorders, loss of balance, Menieres disease 390-396
	Separate category—blindness 389
XII Diseases of skin and cellular tissue	
1	Dermatitis, eczema, etc. 690-716

XIII	Diseases of bones and organs of movement	
1	Rheumatoid arthritis	722
2	Osteo-arthritis	723
3	Other arthritis, rheumatism, unspecified	720; 721; 724-727 (except 726.0)
4	Osteomyelitis	730
5	Displacement of intervertebral disc, lumbago	735; 745; 726.0; 787.5
6	Muscular dystrophy	744
7	Fractures	N805-N829
8	Sprains, strains, dislocations, etc.	N830-N848
9	Other diseases of bones and organs of movement	731-734; 736-738; 740-743; 746- 749; 787
	Separate category—amputations	N886-N888; N896- N898
XIV	Congenital malformations	
1	Spina bifida, hydrocephalus	750-753
2	Other congenital (except heart see VII)	755-759
XV	Injuries	
1	Birth injuries	760; 761
2	Burns	N940-N949
3	Other injuries (except fractures, head injuries and burns)	N860-N936; N950- N999
XVI	Immaturity, senility and ill-defined conditions (see also under systems)	
1	Senility	794
2	Other ill-defined conditions	788; 769; 766; 795

TABLE AI

Estimates of the main cause of impairment of men and women aged 16 and over living in private households in Great Britain

Main cause of impairment		Estimates		
		Men	Women	Men and women
I	Infective and parasitic diseases	17,000	12,000	30,000
	1 Respiratory tuberculosis	11,000	3,600	15,000
	2 Non-respiratory tuberculosis	4,300	4,300	8,700
	3 Other infective and parasitic diseases	1,700	4,300	6,000
II	Neoplasms	13,000	15,000	27,000
	1 Cancer, malignant tumours	8,400	12,000	20,000
	2 Benign and unspecified tumours	4,100	3,400	7,500
III	Allergic, endocrine, metabolic and nutritional diseases	16,000	35,000	51,000
	1 Diabetes (mellitus)	9,600	20,000	30,000*
	2 Other endocrine diseases	2,200	9,900	12,000
	3 Nutritional, metabolic, allergic	4,300	5,100	9,400
IV	Diseases of blood and blood-forming organs	4,100	24,000	28,000
	1 Haemophilia	500	—	500
	2 All other diseases of blood and blood-forming organs	3,600	24,000	27,000
V	Mental, psycho-neurotic and personality disorders	38,000	60,000	98,000
	1 Mental illness, psychosis, etc.	15,000	19,000	33,000
	2 Nervousness, debility, headache, etc.	8,000	31,000	39,000
	3 Mental subnormality	16,000	11,000	27,000
VI	Diseases of central nervous system	163,000	197,000	360,000
	1 Poliomyelitis	14,000	23,000	38,000
	2 Cerebral haemorrhage, strokes	58,000	72,000	130,000
	3 Multiple sclerosis	8,700	15,000	24,000
	4 Paralysis agitans (Parkinsonism)	10,000	12,000	22,000
	5 Cerebral palsy (spastic)	8,200	7,200	15,000
	6 Paraplegia, hemiplegia	13,000	8,400	21,000*
	7 Epilepsy	11,000	10,000	21,000
	8 Migraine	200	3,100	3,400
	9 Dizziness, convulsions, vertigo	3,400	14,000	17,000
	0 Sciatica	8,900	5,500	14,000
	Y Head injury	7,700	3,600	12,000
X	Other central nervous system diseases	19,000	23,000	42,000

TABLE AI—cont.

Main cause of impairment	Estimates		
	Men	Women	Men and women
VII Diseases of circulatory system	199,000	292,000	492,000
1 Congenital heart disease	500	1,900	2,400
2 Rheumatic fever	1,200	6,000	7,200
3 Coronary disease	81,000	48,000	129,000
4 Arterio-sclerotic diseases	25,000	27,000	53,000
5 High blood pressure, hypertension	12,000	45,000	57,000
6 Diseases of the arteries	12,000	14,000	26,000
7 Varicose veins	5,800	20,000	26,000
8 Heart trouble, unspecified	26,000	62,000	88,000
9 Other diseases of circulatory system	36,000	67,000	103,000
VIII Diseases of respiratory system	179,000	104,000	284,000
1 Bronchitis	85,000	45,000	130,000
2 Emphysema	24,000	5,500	29,000
3 Asthma	24,000	31,000	55,000
4 Pneumoconiosis, silicosis	19,000	200	20,000
5 Other lung diseases and symptoms	27,000	22,000	50,000
IX Diseases of digestive system	35,000	47,000	82,000
1 Stomach and duodenum	14,000	10,000	24,000
2 Intestines	8,400	16,000	24,000
3 Liver, gall bladder, pancreas	1,700	7,700	9,400
4 Hernias	9,400	13,000	22,000
5 Other diseases of digestive system	1,200	1,000	2,200
X Diseases of genito-urinary system	9,200	26,000	35,000
1 Diseases of kidney	1,900	13,000	15,000
2 Diseases of bladder, prostate	7,200	7,000	14,000
3 Diseases of female genital organs	—	5,500	5,500
XI Disorders of sense organs	63,000	142,000	205,000
1 Diseases of eye, partial blindness	41,000	102,000	143,000
2 Deafness	14,000	32,000	46,000*
3 Other ear disorders, Menieres disease	7,700	8,900	17,000
XII Diseases of skin and cellular tissue	9,400	11,000	20,000
1 Dermatitis, eczema, etc.	9,400	11,000	20,000
XIII Diseases of bones and organs of movement	351,000	836,000	1,187,000
1 Rheumatoid arthritis	31,000	104,000	135,000

TABLE AI—*cont.*

Main cause of impairment		Estimates		
		Men	Women	Men and women
XIII— <i>cont.</i>	2 Osteo-arthritis	38,000	103,000	140,000
	3 Other arthritis, unspecified	130,000	465,000	595,000
	4 Osteomyelitis	3,400	1,200	4,600
	5 Slipped disc, lumbago	35,000	30,000	65,000
	6 Muscular dystrophy	4,800	2,900	7,700
	7 Fractures	46,000	45,000	92,000
	8 Sprains, strains, dislocations, etc.	20,000	12,000	32,000
	9 Other diseases of bones and organs of movement	42,000	73,000	115,000
XIV	Congenital malformations	5,500	10,000	16,000
	1 Spina bifida, hydrocephalus	1,000	500	1,700
	2 Other congenital (not heart)	4,600	9,900	14,000
XV	Injuries	73,000	41,000	114,000
	1 Birth injuries	200	—	200
	2 Burns	1,000	200	1,200
	3 Other injuries	72,000	41,000	112,000
XVI	Senility and ill-defined conditions	40,000	82,000	122,000
	1 Senility	34,000	73,000	107,000
	2 Other ill-defined conditions	5,500	9,400	15,000
Amputations		105,000	24,000	129,000
Blindness		28,000	43,000	72,000*

estimates under 10,000 rounded to nearest hundred
 estimates over 10,000 rounded to nearest thousand
 totals differ from sum of columns due to rounding
 * likely to be underestimate (see text, p. 9)

TABLE

Sample numbers, and estimates of numbers in Great Britain, of men and women in

Category of handicap*		Men aged						
		16-29	30-49	50-64	65-74	75 and over	All ages	
In need of special care 1 + 2	Sample nos.	1	2	3	5	9	20	2 4
	Estimates	4,800					4,800	2,900
3	Sample nos.	8	20	41	33	63	165	8 21
	Estimates	6,800		9,900	8,000	15,000	40,000	7,000
Severe handicap 4	Sample nos.	2	8	40	40	28	118	1 19
	Estimates	2,400		9,600	9,600	6,800	28,000	4,800
5	Sample nos.	5	34	84	68	84	275	8 55
	Estimates	9,400		20,000	16,000	20,000	66,000	15,000
Appreciable handicap 6	Sample nos.	23	108	255	292	180	858	17 105
	Estimates	5,500	26,000	61,000	70,000	43,000	207,000	4,100 25,000
Minor/no handicap 7	Sample nos.	22	128	353	350	244	1,097	23 134
	Estimates	5,300	31,000	85,000	84,000	59,000	264,000	5,500 32,000
8a non-motor	Sample nos.	67	228	477	384	273	1,429	58 167
	Estimates	16,000	55,000	115,000	93,000	66,000	345,000	14,000 40,000
8b motor	Sample nos.	66	224	292	229	104	915	33 161
	Estimates	16,000	54,000	70,000	55,000	25,000	221,000	8,000 39,000
In categories 4-8 but cannot classify precisely	Sample nos.	14	64	117	76	22	292	11 38
	Estimates	3,400	15,000	28,000	18,000	5,300	71,000	2,700 9,200
All categories	Sample nos.	208	816	1,662	1,477	1,007	5,169	161 704
	Estimates	50,000	197,000	401,000	356,000	243,000	1,247,000	39,000 170,000

* for method of classification see Appendix D 'classification into categories of handicap'
A summary description of each category is given on page D 14

AII

different age groups living in private households with varying degrees of handicap

Women aged				Men and women aged					
50-64	65-74	75 and over	All ages	16-29	30-49	50-64	65-74	75 and over	All ages
6	20	51	81	3	6	8	25	59	101
	4,800	12,000	20,000		4,100		6,000	14,000	24,000
58	89	210	386	16	42	99	122	273	551
14,000	21,000	51,000	93,000	3,900	10,000	24,000	29,000	66,000	133,000
68	104	100	292	3	27	108	144	128	410
16,000	25,000	24,000	70,000		7,200	26,000	35,000	31,000	99,000
179	197	296	735	13	89	263	265	380	1,010
43,000	47,000	71,000	177,000	3,100	21,000	63,000	64,000	92,000	244,000
384	561	532	1,599	40	213	639	853	712	2,457
93,000	135,000	128,000	386,000	9,600	51,000	154,000	206,000	172,000	592,000
360	500	593	1,610	45	262	713	850	837	2,707
87,000	121,000	143,000	388,000	11,000	63,000	172,000	205,000	202,000	653,000
364	444	473	1,506	125	395	841	828	746	2,935
88,000	107,000	114,000	363,000	30,000	95,000	203,000	200,000	180,000	708,000
331	364	288	1,177	99	385	623	593	392	2,092
80,000	88,000	69,000	284,000	24,000	93,000	150,000	143,000	95,000	504,000
45	41	48	183	25	102	162	117	70	47
11,000	10,000	12,000	44,000	6,000	25,000	39,000	28,000	17,000	115,000
1,794	2,319	2,591	7,569	369	1,520	3,456	3,796	3,597	12,738
433,000	559,000	625,000	1,825,000	89,000	366,000	833,000	915,000	867,000	3,071,000

estimates under 10,000 rounded to nearest 100
estimates over 10,000 rounded to nearest 1,000
totals differ from sum of columns due to rounding

TABLE
Estimated numbers of men and women in various categories of handicap—

Main cause of impairment	Men			
	Category of handicap			
	1-3	4-6	7-8	All categories
Infective and parasitic diseases	—	3,700	14,000	17,000
Neoplasms	1,400	■	8,800	13,000
Allergic, endocrine, metabolic and nutritional diseases	—	4,100	12,000	16,000
Diseases of blood and blood-forming organs	—	■	*	4,100
Mental psycho-neurotic and personality disorders	2,700	8,000	28,000	38,000
Diseases of central nervous system	22,000	59,000	82,000	163,000
Diseases of circulatory system	4,100	37,000	158,000	199,000
Diseases of respiratory system	2,700	38,000	138,000	179,000
Diseases of digestive system	■	6,000	28,000	35,000
Diseases of genito-urinary system	■	4,500	4,200	9,200
Disorders of sense organs (excluding blindness)	*	10,000	52,000	63,000
Diseases of skin and cellular tissue	—	*	9,400	9,400
Diseases of bones and organs of movement	8,000	118,000	224,000	351,000
Congenital malformations	—	■	4,300	5,500
Injuries	■	18,000	54,000	73,000
Senility and ill-defined conditions	3,100	9,200	27,000	40,000
Amputations	2,200	20,000	83,000	105,000
Blindness	■	3,800	24,000	28,000
All persons with some impairment	45,000	320,000	882,000	1,247,000

* sample number too small to estimate
estimates under 10,000 rounded to nearest 100
estimates over 10,000 rounded to nearest 1,000

with main cause of impairment (main groups)

Women				Men and women			
Category of handicap				Category of handicap			
1-3	4-6	7-8	All categories	1-3	4-6	7-8	All categories
*	3,800	8,300	12,000	*	7,500	22,000	30,000
1,400	6,100	7,400	15,000	2,900	8,400	16,000	27,000
1,900	7,100	26,000	35,000	2,400	11,000	38,000	51,000
■	12,000	11,000	24,000	*	13,000	14,000	28,000
3,400	16,000	41,000	60,000	6,000	24,000	68,000	98,000
41,000	66,000	91,000	197,000	63,000	125,000	172,000	362,000
12,000	81,000	200,000	292,000	16,000	118,000	358,000	492,000
1,400	20,000	83,000	104,000	4,300	58,000	221,000	282,000
1,900	17,000	29,000	47,000	2,700	23,000	57,000	82,000
2,700	9,400	14,000	26,000	3,100	14,000	18,000	35,000
*	40,000	102,000	142,000	1,900	50,000	153,000	205,000
■	■	8,000	11,000	*	■	17,000	20,000
38,000	366,000	432,000	836,000	45,000	486,000	656,000	1,187,000
*	■	7,200	10,000	■	3,900	12,000	16,000
*	11,000	29,000	41,000	*	30,000	83,000	114,000
14,000	20,000	48,000	82,000	17,000	29,000	76,000	122,000
*	8,400	15,000	24,000	2,400	28,000	98,000	129,000
2,900	12,000	29,000	43,000	3,900	15,000	53,000	72,000
113,000	650,000	1,062,000	1,825,000	157,000	973,000	1,941,000	3,071,000

TABLE
Proportion of men and women in each

Main cause of impairment	Men										
	Category of handicap										
	1-3 %	4 %	5 %	6 %	7 %	8a non-motor %	8b motor %	All categories %	1-3 %	4 %	5 %
Infective and parasitic diseases	—	0.8	0.4	1.5	2.3	1.7	0.5	1.4	0.2	0.3	0.8
Neoplasms	3.2	1.6	1.8	0.2	1.0	1.7	—	1.0	1.3	0.3	2.1
Allergic, endocrine, metabolic and nutritional diseases	—	—	0.4	1.7	0.5	2.7	0.2	1.3	1.7	—	1.1
Diseases of blood and blood-forming organs	—	0.8	—	0.3	0.5	0.5	0.1	0.3	0.4	—	2.3
Mental, psycho-neurotic and personality disorders	5.9	2.5	2.2	2.5	2.2	5.3	0.8	3.1	3.0	1.7	2.1
Diseases of central nervous system	49.1	40.6	23.4	13.7	9.4	4.2	16.8	13.1	36.3	16.1	14.0
Polio-myelitis	1.1	—	1.1	1.2	1.5	—	2.6	1.2	0.9	—	0.8
Cerebral haemorrhage, strokes	28.1	19.5	8.4	6.5	3.6	—	4.9	4.7	22.5	9.6	6.7
Multiple sclerosis	5.4	5.9	2.2	0.3	0.6	—	0.3	0.7	4.7	1.0	2.0
Paralysis agitans	3.2	4.2	4.7	1.0	0.8	—	—	0.8	3.0	1.4	0.7
Cerebral palsy (spastic)	2.7	—	0.4	1.2	0.4	—	1.5	0.7	1.3	0.7	0.3
Paraplegia, hemiplegia	4.9	1.7	1.1	1.7	0.9	—	1.5	1.0	0.6	1.4	1.2
Epilepsy	—	3.4	0.4	0.2	0.3	2.0	0.1	0.9	0.2	0.3	—
Migraine	—	—	—	—	—	0.1	—	—	—	—	—
Dizziness, convulsions, vertigo	—	—	—	—	0.1	0.6	—	0.3	0.6	—	1.1
Sciatica	—	—	—	0.1	0.5	—	2.0	0.7	—	—	0.1
Head injury	0.5	1.7	—	0.5	0.2	1.5	0.1	0.6	0.4	—	—
Other central nervous system diseases	3.2	4.2	5.1	1.0	0.5	—	3.8	1.5	2.1	1.7	1.1
Diseases of circulatory system	9.1	6.6	12.4	11.3	19.3	26.3	1.4	15.9	10.5	12.7	11.4
Coronary disease	0.5	4.2	6.9	3.8	8.5	11.1	0.1	6.5	1.3	1.7	1.5
Arterio-sclerosis	1.6	0.8	1.8	0.7	1.9	4.1	0.1	2.0	1.5	0.3	0.1
Hypertension	1.1	—	0.7	0.8	0.6	1.5	0.1	0.9	1.3	4.5	1.1
Other diseases of circulatory system	5.9	1.6	3.0	6.0	8.3	9.6	1.1	6.5	6.4	6.2	8.7
Diseases of respiratory system	5.9	5.9	11.6	12.4	10.5	28.7	0.7	14.4	1.3	2.8	3.4
Bronchitis	3.2	1.7	5.5	6.3	4.9	12.7	0.4	6.8	0.9	1.4	1.8
Emphysema	2.2	0.8	1.8	1.3	1.9	3.6	—	1.9	—	1.4	—
Asthma	—	—	1.8	0.6	1.2	4.3	0.2	1.9	—	—	0.5
Pneumoconiosis, silicosis	—	—	1.8	1.5	0.9	3.6	—	1.6	—	—	—
Other lung diseases and symptoms	0.5	3.4	0.7	2.7	1.6	4.5	0.1	2.2	0.4	—	1.1
Diseases of digestive system	1.6	—	—	2.7	4.5	4.1	0.1	2.8	1.7	2.8	2.7
Diseases of genito-urinary system	0.5	—	1.5	1.6	0.2	1.0	—	0.8	2.4	—	1.9
Disorders of sense organs	4.3	—	6.6	4.1	5.4	15.7	0.3	7.4	3.6	7.2	5.4
Eye (including blindness)	3.2	—	5.1	2.6	5.0	11.7	0.2	5.6	3.0	7.2	4.2
Ear	1.1	—	1.5	1.5	0.4	4.0	0.1	1.8	0.6	—	1.2
Diseases of skin and cellular tissue	—	—	—	—	0.5	1.7	0.5	0.8	0.2	—	0.4
Diseases of bones and organs of movement	17.8	34.6	33.6	38.8	32.7	—	57.2	28.1	33.4	52.4	54.6
Arthritis	13.0	28.8	23.3	23.8	19.0	—	28.5	15.9	25.7	44.9	44.9
Muscular dystrophy	1.6	—	0.4	0.8	0.1	—	0.8	0.4	0.4	—	0.1
Other diseases of bones and organs of movement	3.2	5.8	9.9	14.2	13.6	—	27.9	11.8	7.3	7.5	9.6
Congenital mal-formations	—	—	—	0.6	0.5	—	1.3	0.5	0.4	0.7	0.1
Injuries	1.1	3.4	6.5	5.9	7.5	8.7	1.2	5.9	0.4	1.4	1.8
Senility and ill-defined conditions	7.0	10.2	2.9	1.8	4.0	4.3	0.1	3.1	12.4	5.5	4.1
Senility	6.5	10.2	2.9	0.9	3.6	3.9	0.1	2.7	12.4	5.5	3.3
Other ill-defined conditions	0.5	—	—	0.9	0.4	0.4	—	0.4	—	—	0.8
Amputations	4.9	—	5.1	7.5	6.9	—	27.8	8.4	0.4	—	1.4
No. on which % based	185	118	275	858	1,097	1,429	915	4,877	467	292	735

* less than 0.05%. Percentages add to more than 100 because a person may have more than one main disability

AIV
category suffering from specific diseases

Women					Men and women							
Category of handicap					Category of handicap							
6 %	7 %	8a non- motor %	8b motor %	All cate- gories %	1-3 %	4 %	5 %	6 %	7 %	8a non- motor %	8b motor %	All cate- gories %
0.5	0.4	1.4	0.4	0.6	0.2	0.4	0.7	0.9	1.3	1.5	0.4	1.0
0.5	0.7	1.2	0.2	0.8	1.8	0.7	2.0	0.4	0.8	1.4	*	0.8
1.3	2.1	4.5	0.1	1.9	1.5	—	0.9	1.4	1.5	3.6	0.1	1.7
2.1	0.6	2.1	0.3	1.3	0.3	0.2	1.7	1.5	0.5	1.3	0.2	0.9
2.4	1.9	7.8	0.6	3.3	3.8	2.0	2.2	2.4	2.1	6.6	0.5	3.3
7.4	8.7	4.3	13.7	10.9	40.1	23.1	16.6	9.5	8.9	4.3	14.9	11.8
0.6	1.9	—	3.9	1.3	0.9	—	0.9	0.8	1.7	—	3.3	1.2
2.8	1.9	—	3.6	3.9	24.1	12.4	7.1	4.1	2.5	—	4.2	4.2
0.6	0.3	—	0.5	0.8	4.9	2.4	2.1	0.5	0.4	—	0.4	0.8
0.5	0.6	—	0.8	0.6	3.1	2.2	1.8	0.7	0.7	—	0.4	0.7
0.2	0.6	—	0.6	0.4	1.5	0.5	0.3	0.5	0.5	—	1.0	0.5
0.3	0.2	—	0.8	0.5	1.7	1.5	1.2	0.8	0.5	—	1.1	0.7
0.3	0.3	1.6	0.1	0.6	0.3	1.2	0.1	0.2	0.3	1.8	0.1	0.7
0.4	0.1	0.3	—	0.2	—	—	—	0.2	0.1	0.2	—	0.1
0.8	0.6	1.5	—	0.8	0.5	—	0.8	0.5	0.4	1.1	—	0.6
0.1	1.0	—	0.3	0.3	—	—	0.1	0.1	0.8	—	1.0	0.5
—	—	0.9	—	0.2	0.6	0.5	—	0.2	0.1	1.2	*	0.4
0.8	1.2	—	3.1	1.3	2.5	2.4	2.2	0.9	0.9	—	3.4	1.4
12.7	19.4	30.9	2.5	16.0	10.2	10.9	11.8	12.4	19.6	28.5	1.9	16.0
2.0	3.2	5.4	—	2.6	1.1	2.4	3.0	2.6	5.4	8.1	*	4.2
2.0	2.6	1.9	0.2	1.5	1.5	0.5	0.6	1.5	2.3	2.9	0.1	1.7
2.1	3.0	4.8	0.4	2.5	1.2	3.2	1.0	1.7	2.1	3.2	0.3	1.8
6.6	10.6	18.8	1.9	9.4	6.4	4.8	7.2	6.6	9.8	14.3	1.5	8.3
3.0	6.7	14.4	0.5	5.7	2.8	3.7	5.7	6.3	8.3	21.4	0.5	9.1
1.4	3.4	5.8	0.1	2.5	1.7	1.5	2.8	3.1	4.0	9.1	0.2	4.2
0.2	0.4	0.6	0.3	0.6	0.6	1.2	0.5	0.6	1.0	2.1	—	0.9
0.9	2.0	4.4	0.1	1.7	0.2	—	0.9	0.8	1.7	4.4	0.1	1.8
—	—	0.1	—	*	—	—	0.5	0.5	0.4	1.8	—	0.6
0.5	0.9	3.5	0.3	1.2	0.3	1.0	1.0	1.3	1.2	4.0	0.2	1.6
2.7	3.1	4.6	0.1	2.7	1.7	2.0	2.0	2.6	3.6	4.4	*	2.7
1.6	2.0	1.6	0.1	1.4	2.0	—	1.8	1.5	1.2	1.3	*	1.2
8.7	8.1	24.6	0.6	10.2	3.7	5.1	5.8	7.1	6.9	20.4	0.4	8.9
7.5	7.2	17.9	0.1	8.0	2.9	5.1	4.5	5.8	6.3	14.9	0.1	6.9
1.2	0.9	6.7	0.5	2.2	0.8	—	1.3	1.3	0.6	5.5	0.3	2.0
0.4	0.8	1.3	0.1	0.6	0.3	—	0.3	0.3	0.7	1.5	0.3	0.7
58.7	48.6	—	83.6	45.9	28.9	47.3	48.9	51.9	41.9	—	72.0	38.7
49.3	38.9	—	64.3	36.8	22.1	40.3	39.0	40.5	30.8	—	48.6	28.4
0.2	0.2	—	0.3	0.2	0.8	—	0.2	0.4	0.1	—	0.5	0.3
9.2	9.5	—	19.0	8.9	6.0	7.0	9.7	11.0	11.0	—	22.9	10.0
0.5	0.7	—	1.5	0.5	0.3	0.5	0.1	0.5	0.6	—	1.4	0.6
1.8	2.4	4.8	0.5	2.2	0.6	2.0	3.1	3.2	4.4	6.8	0.8	3.7
2.2	5.7	5.7	1.7	4.5	10.9	6.8	3.8	2.1	5.1	5.1	1.0	4.0
2.1	4.8	4.6	1.7	4.0	10.7	6.8	3.2	1.7	4.4	4.3	1.0	3.5
0.1	0.9	1.1	—	0.5	0.2	—	0.6	0.4	0.7	0.8	—	0.5
1.4	1.2	—	3.5	1.3	1.5	—	2.4	3.5	3.5	—	14.1	4.2
1,599	1,610	1,506	1,177	7,386	652	410	1,010	2,457	2,707	2,935	2,092	12,263†

† excludes 292 men and 183 women who were in categories 4-8, but could not be further classified.

TABLE AV(a)
Estimated numbers of men and women with different degrees of handicap in different areas of Great Britain

Area	Men							Women						
	Category of handicap							All categories	Category of handicap					
	1-3	4-5	6	7	8a non-motor	8b motor	1-3		4-5	6	7	8a non-motor	8b motor	
Northern Yorkshire and Humberside	4,100	8,000	13,000	13,000	26,000	14,000	77,000	6,500	16,000	30,000	29,000	24,000	15,000	121,000
North	4,600	7,700	28,000	26,000	42,000	26,000	135,000	8,200	27,000	37,000	40,000	36,000	29,000	176,000
Western	4,800	12,000	28,000	31,000	53,000	36,000	166,000	15,000	36,000	48,000	59,000	55,000	39,000	252,000
East Midlands	1,700*	5,100	13,000	22,000	19,000	13,000	74,000	8,000	16,000	18,000	28,000	15,000	12,000	98,000
West	2,400*	5,100	24,000	32,000	38,000	18,000	119,000	11,000	24,000	34,000	34,000	27,000	22,000	152,000
Midland	500*	1,200*	5,800	8,200	14,000	8,900	39,000	3,100*	10,000	11,000	12,000	6,800	12,000	55,000
East Anglia														
South Eastern (excluding Greater London)	6,500	19,000	25,000	42,000	46,000	37,000	176,000	17,000	37,000	62,000	59,000	55,000	48,000	278,000
Greater London	7,000	12,000	29,000	44,000	38,000	36,000	166,000	12,000	32,000	65,000	63,000	63,000	41,000	277,000
South Western	4,100	11,000	23,000	17,000	29,000	16,000	101,000	11,000	24,000	35,000	28,000	33,000	25,000	157,000
England	36,000	81,000	191,000	236,000	306,000	205,000	1,054,000	92,000	223,000	341,000	352,000	315,000	243,000	1,565,000
Wales	4,600	9,600	9,600	19,000	26,000	13,000	82,000	8,900	7,300	17,000	17,000	21,000	25,000	96,000
Scotland	4,100	11,000	20,000	27,000	34,000	16,000	111,000	12,000	24,000	38,000	30,000	36,000	24,000	164,000
Great Britain	45,000	101,000	220,000	281,000	366,000	234,000	1,247,000	113,000	254,000	396,000	399,000	373,000	291,000	1,825,000

estimates under 10,000 rounded to nearest 100

estimates over 10,000 rounded to nearest 1,000

totals differ from sum of columns due to rounding

* estimate based on small sample number and so should be treated with caution

TABLE AV(b)
Estimated numbers of people with different degrees of handicap in different areas of Great Britain

Area	Category of handicap							All categories
	1-3	4	5	6	7	8a non-motor	8b motor	
Northern Yorkshire and Humberside North Western East Midlands West Midlands East Anglia	10,000	5,000	19,000	44,000	43,000	49,000	29,000	199,000
	13,000	6,000	28,000	65,000	66,000	78,000	55,000	312,000
	20,000	16,000	32,000	78,000	90,000	107,000	75,000	418,000
	10,000	6,000	15,000	31,000	50,000	34,000	25,000	172,000
	13,000	10,000	19,000	58,000	65,000	66,000	40,000	271,000
	4,000	4,000	8,000	16,000	20,000	22,000	21,000	94,000
South Eastern (excluding Greater London) Greater London South Western	24,000	14,000	42,000	87,000	101,000	101,000	85,000	453,000
	19,000	12,000	32,000	95,000	107,000	102,000	76,000	443,000
	15,000	14,000	22,000	59,000	45,000	62,000	42,000	258,000
England Wales Scotland	127,000	87,000	218,000	533,000	588,000	619,000	447,000	2,620,000
	14,000	7,000	9,000	27,000	36,000	47,000	38,000	178,000
	16,000	9,000	26,000	57,000	56,000	71,000	40,000	274,000
Great Britain	157,000	103,000	254,000	616,000	680,000	737,000	525,000	3,071,000

Estimates to the nearest 1,000. Slight discrepancies in totals due to correction for rounding.

TABLE AVI
Proportion handicapped by specific conditions

Main cause of impairment	Category of handicap								No. on which % based
	Handicapped					Minor/no handicap			
	1-3	4	5	6	1-6	7	8a non-motor	8b motor	
Infective and parasitic diseases	0.8	1.8	5.9	17.6	26.1	27.6	38.7	7.6	123
Neoplasms	10.5	2.6	18.5	9.6	41.2	19.3	37.7	1.8	114
Allergic, endocrine, metabolic and nutritional diseases	4.7	—	4.7	17.4	26.8	19.2	52.6	1.4	213
Diseases of blood and blood-forming organs	1.7	0.9	14.8	32.2	49.6	12.2	33.9	4.3	115
Mental, psycho-neurotic and personality disorders	6.2	1.8	5.8	16.2	30.0	14.9	51.6	3.5	407
Diseases of central nervous system									
Poliomyelitis	3.8	—	6.0	12.7	22.5	30.7	—	46.8	156
Cerebral haemorrhage, strokes	29.0	9.5	13.4	18.9	70.8	12.9	—	16.3	541
Multiple sclerosis	32.6	10.2	22.5	13.3	78.6	12.2	—	9.2	98
Paralysis agitans (Parkinsonism)	22.0	9.9	19.8	18.6	70.3	19.8	—	9.9	91
Cerebral palsy (spastic)	15.9	3.2	4.8	20.6	44.5	22.2	—	33.3	64
Paraplegia, hemiplegia	12.5	7.0	14.0	22.2	55.7	16.3	—	28.0	88
Epilepsy	2.3	6.6	1.3	7.9	18.1	10.6	68.7	2.6	88
Migraine	—	—	—	[6]	[6]	[2]	[6]	—	14
Dizziness, convulsions, vertigo	4.2	—	12.2	18.2	34.6	16.7	48.7	—	71
Sciatica	—	—	2.1	6.4	8.5	46.8	—	44.7	60
Head injury	[4]	[2]	—	[4]	[10]	[2]	[35]	[1]	48
Other central nervous system diseases	9.1	6.1	13.3	12.7	41.2	15.2	—	43.6	176
Diseases of circulatory system									
Coronary disease	1.3	2.0	6.0	13.0	22.3	29.2	48.2	0.3	535
Arterio-sclerotic diseases	4.6	0.9	2.8	18.4	26.7	30.4	41.5	1.4	219
Hypertension	3.4	5.7	4.4	18.0	31.5	24.6	41.3	2.6	235
Diseases of arteries	—	4.0	4.0	8.9	17.8	41.6	33.7	6.9	108
Varicose veins	—	0.9	12.2	6.6	19.7	17.0	53.8	9.5	109
Heart trouble (unspecified)	5.4	3.8	4.2	11.9	25.3	25.0	47.8	1.9	365
Other diseases of circulatory system	4.5	0.2	9.0	22.8	36.5	25.6	35.7	2.2	463

Diseases of respiratory system	1.5	1.4	5.2	13.9	22.0	20.3	56.6	1.1	1,175
Diseases of digestive system	3.3	2.5	6.0	19.3	31.1	29.9	38.4	0.6	340
Diseases of genito-urinary system	9.0	—	12.8	27.0	48.8	23.5	27.0	0.7	144
Diseases of sense organs (excluding blindness)	0.9	1.5	5.0	18.0	25.4	17.3	56.0	1.3	851
Diseases of skin and cellular tissue	2.4	—	3.7	8.6	14.7	23.5	54.4	7.4	84
Diseases of bones and organs of movement	4.0	4.7	11.1	28.0	47.8	23.5	—	28.7	3,610
Arthritis	—	—	—	[6]	[6]	[4]	—	[9]	19
Osteomyelitis	0.4	2.7	8.6	20.3	32.0	27.0	—	41.0	271
Slipped disc, lumbago	[5]	—	[2]	[11]	[18]	[4]	—	[10]	32
Muscular dystrophy	5.7	4.7	7.4	24.9	42.7	21.5	—	35.8	380
Fractures	—	1.6	9.7	13.8	25.1	25.2	—	49.7	133
Sprains, strains, dislocations, etc.	—	—	—	—	—	—	—	—	—
Other diseases of bones and organs of movement	3.4	0.6	8.0	23.2	35.2	26.2	—	38.6	476
Congenital malformations	3.0	3.0	1.5	19.7	27.2	25.8	—	47.0	66
Injuries	0.6	1.3	5.1	13.1	20.1	19.7	32.3	27.9	626
Senility and ill-defined conditions	14.1	5.7	7.7	10.6	38.1	27.6	30.0	4.3	506
Amputations	1.9	—	4.7	16.9	23.5	18.5	—	58.0	533
Blindness	5.4	3.2	6.4	11.5	26.5	18.8	54.7	—	298

[] denotes number not percentage

TABLE AVII(a)
Marital status of men and women aged 16-64 in different categories of handicap

Category of handicap	Men				Women				Men and women			
	Married	Single	Widowed*	No. on which % based	Married	Single	Widowed*	No. on which % based	Married	Single	Widowed*	No. on which % based
1-3	70	29	1	75	57	32	11	99	62.1	31.0	6.9	174
4	80	16	4	50	64	19	17	88	69.6	18.1	12.3	138
5	87	11	2	123	72	13	15	242	77.3	12.3	10.4	365
6	80	14	6	386	67	13	20	504	72.5	13.5	14.0	890
1-6	81	15	4	634	67	16	17	933	72.2	15.5	12.3	1,567
7	82	13	5	502	67	14	19	516	74.6	13.7	11.7	1,018
8a non-motor	76	18	6	771	59	21	20	589	68.4	19.6	12.0	1,360
8b motor	83	14	3	581	65	16	19	523	74.2	14.9	10.9	1,104
All categories†	79	16	5	2,683	65	17	18	2,654	72.1	16.4	11.5	5,337
All† aged 16-64 in:												
England	71	27	2	13,889,86	72	21	7	14,219,83	71.5	24.1	4.4	28,109,69
Scotland	69	29	2	1,532,11	68	25	7	1,640,38	68.2	27.1	4.7	3,172,49
Wales	70	28	2	823,29	72	21	7	840,93	70.4	24.7	4.9	1,664,22
Great Britain	71	27	2	16,245,26	71	22	7	16,701,14	71.2	24.4	4.4	32,946,40

* widowed includes legally separated and divorced

† includes those in categories 4 to 8 but not redistributed but excludes those not answering

‡ Sample Census, 1966

TABLE AVII(b)

Marital status of men and women aged 65 and over in different categories of handicap

Category of handicap	Men				Women				Men and women			
	Married	Single	Widowed*	No. on which % based	Married	Single	Widowed*	No. on which % based	Married	Single	Widowed*	No. on which % based
1-3	64	4	32	109	32	10	58	369	39.7	8.4	51.9	478
4	77	—	23	68	20	8	72	204	33.8	5.9	60.3	272
5	71	3	26	152	30	7	63	493	39.2	6.2	54.6	645
6	70	3	27	472	25	12	63	1,089	38.7	9.5	51.8	1,561
1-6	70	3	27	801	27	10	63	2,155	38.5	8.3	53.2	2,956
7	66	7	27	594	31	13	56	1,093	43.3	10.9	45.8	1,687
8a non-motor	68	4	28	657	30	11	59	917	45.8	7.6	46.6	1,574
8b motor	71	6	23	333	33	12	55	652	45.5	10.2	44.3	985
All categories†	68	4	28	2,482	29	11	60	4,906	42.4	9.0	48.6	7,388
All‡ aged 65 and over in:												
England	72	6	22	2,092.20	35	15	50	3,419.71	48.9	11.7	39.4	5,511.91
Scotland	65	10	25	222.16	30	21	49	360.60	43.1	17.1	39.8	582.76
Wales	69	9	22	136.87	34	14	52	206.94	48.0	11.8	40.2	343.81
Great Britain‡	71	7	22	2,451.23	35	15	50	3,987.25	48.3	12.2	39.5	6,438.48

* widowed includes legally separated and divorced

† includes those in categories 4-8 but not redistributed but excludes those not answering

‡ Sample Census, 1966

TABLE AVIII
Mobility of impaired people in different areas of Great Britain

Mobility	Area												
	North- ern %	Yorkshire and Humber- side %	North Western %	East Midland %	West Midland %	East Anglia %	South Eastern (excluding Greater London) %	Greater London %	South Western %	England %	Wales %	Scotland %	Great Britain %
Gets out	59	55	60	50	48	50	48	51	50	52	54	59	53
On own, no aids or difficulty													
On own, with aids or difficulty	22	23	18	27	26	20	26	24	23	23	22	17	22
Only if accompanied	10	11	11	7	7	19	12	12	13	11	9	9	11
Housebound													
Gets about house (walking or in wheel- chair)	7	9	8	13	16	8	10	12	10	11	9	11	11
Chairfast:													
No help needed to get in/out	*	*	*	1	1	1	1	*	*	1	2	*	1
uses mechanical aid to get in/out	—	*	*	*	*	1	1	*	1	*	*	1	*
needs person to help in/out	1	1	1	1	1	1	1	1	1	1	2	2	1
Bedfast	1	1	1	1	1	*	1	*	2	1	2	1	1
No. on which % based	826	1,291	1,734	712	1,120	391	1,878	1,829	1,069	10,850	738	1,134	12,722

* less than 0.5%

TABLE AIX

When doctor last attended/saw impaired in various areas, for those not having regular visits (elderly and non-elderly shown separately)

When doctor last attended/saw	Area												
	Northern %	York- shire and Humber- side %	North Western %	East Midland %	West Midland %	East Anglia %	South Eastern (excluding Greater London) %	Greater London %	South Western %	England %	Wales %	Scotland %	Great Britain %
All aged 16 to 64	9	11	8	8	12	9	7	8	8	9	5	9	8
Within last week	14	15	17	13	16	11	17	20	14	16	14	21	17
2 weeks to 1 month ago	18	19	21	18	21	24	21	18	15	19	23	20	20
Over 1 month to 3 months ago	16	15	19	21	14	18	16	14	16	16	16	16	16
Over 3 months to 6 months ago	43	40	35	40	37	38	39	40	47	40	42	34	39
More than 6 months ago													
No. on which % based	260	284	471	182	275	105	441	522	249	2,789	177	311	3,277
All aged 65 or over	7	4	14	10	6	12	5	8	8	8	9	10	8
Within last week	19	18	19	14	20	23	13	19	19	18	17	26	18
2 weeks to 1 month ago	16	24	17	15	21	5	17	22	23	19	21	18	19
Over 1 month to 3 months ago	13	10	16	12	21	8	17	14	18	15	9	21	15
Over 3 months to 6 months ago	45	44	34	49	32	52	48	37	32	40	44	25	40
More than 6 months ago													
No. on which % based	256	408	543	251	395	155	817	816	427	4,068	242	380	4,690
All persons	8	7	11	9	8	10	6	8	8	8	7	10	8
Within last week	16	17	18	14	18	19	14	20	17	17	16	23	18
2 weeks to 1 month ago	17	22	19	16	21	13	18	20	20	19	22	19	19
Over 1 month to 3 months ago	15	12	17	16	18	12	17	14	17	16	12	19	16
Over 3 months to 6 months ago	44	42	35	45	35	46	45	38	38	40	43	29	39
More than 6 months ago													
No. on which % based	516	692	1,014	433	670	260	1,258	1,338	676	6,857	419	691	7,967
No. on which % based													

TABLE AX
Degree of handicap of impaired men and women in various age groups

Degree of handicap	Men aged					Women aged						
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All men %	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All women %
Very severe handicap	4.3	2.7	2.7	2.6	7.1	3.6	6.2	3.5	3.5	4.6	10.1	6.2
Severe handicap	3.4	5.6	8.1	7.7	11.4	8.1	6.2	11.1	14.2	13.2	15.6	13.9
Appreciable handicap	11.6	14.3	16.5	20.8	18.3	17.6	11.2	15.8	22.0	24.6	21.0	21.7
Minor or no handicap	80.7	77.4	72.7	68.9	63.2	70.7	76.4	69.6	60.3	57.6	53.3	58.2
No. on which % based	194	752	1,545	1,401	985	4,877	150	666	1,749	2,278	2,543	7,386

TABLE AXI
Mobility of impaired men and women in various age groups

Mobility	Men aged						Women aged					
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All men %	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All women %
With egress on own without aids or difficulty on own with aids or difficulty dependent on some- one else's help for egress Housebound Gets about house (walking or in wheelchair) Chairfast: no help needed to get in/out uses mechanical aid to get in/out needs person to help in/out Bedfast	81.6	78.6	67.5	58.9	33.7	60.8	66.5	70.7	62.2	51.9	28.0	48.2
	12.1	15.4	24.5	26.3	38.0	25.5	9.9	14.2	20.3	21.3	22.7	20.7
	5.3	4.5	3.8	5.6	10.1	5.7	20.5	10.5	10.9	13.5	17.6	14.1
	—	1.0	3.3	7.6	13.9	6.1	2.5	3.5	5.0	10.9	25.0	13.4
	—	0.1	0.1	0.3	0.6	0.2	—	0.1	0.5	0.5	1.0	0.6
No. on which % based	0.3	0.2	0.3	0.8	1.1	0.6	0.3	0.3	0.5	1.0	2.7	1.4
	—	—	0.2	0.2	0.9	0.3	0.3	0.2	0.3	0.4	0.4	0.4
	0.2	—	0.4	0.3	1.8	0.6	0.6	0.3	0.4	0.4	2.6	1.2
	207	817	1,661	1,473	1,001	5,159	161	703	1,794	2,315	2,589	7,562

TABLE AXII
Auto-mobility of impaired men and women in various age groups

Auto-mobility	Men aged						Women aged					
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All men %	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %	All women %
Has vehicle in household and drives	36	45	33	17	8	26	11	13	7	3	1	4
Has vehicle in household, cannot drive but taken out	15	8	8	7	16	9	32	40	27	17	15	21
No vehicle/driver in household but can generally get a lift	16	14	19	24	17	20	16	12	18	23	21	20
No vehicle/driver in household and cannot generally get a lift	29	30	35	42	34	35	31	30	40	42	30	36
Does not apply—blind	3	2	1	1	7	2	6	1	1	2	2	2
Does not apply—house-bound	1	1	4	9	18	8	4	5	7	13	32	17
No. on which % based	207	808	1,644	1,472	989	5,120	160	701	1,780	2,288	2,564	7,495

TABLE AXIII

Proportions of impaired men and women in various age groups who are married, single or widowed together with the corresponding proportions within the same age-sex groups of the general population of Great Britain (source for comparison Sample Census 1966)

Age and sex			Marital status			No. on which % based
			Married %	Single %	Widowed %	
Men	16-29	Sample	29	70	1	208
		G. pop.	35	64	*	5,030,57
	30-49	Sample	79	18	3	815
		G. pop.	86	12	2	6,530,97
	50-64	Sample	86	8	6	1,661
		G. pop.	87	8	5	4,683,72
	65-74	Sample	79	4	17	1,477
Women		G. pop.	78	7	15	1,684,64
	75 and over	Sample	52	5	43	1,005
		G. pop.	55	7	38	766,59
	All men 16 and over	Sample	74	10	16	5,166
		G. pop.	71	24	5	18,695,49
	16-29	Sample	35	62	3	160
		G. pop.	50	49	1	4,946,59
Women	30-49	Sample	73	17	10	703
		G. pop.	87	9	4	6,635,93
	50-64	Sample	64	13	23	1,791
		G. pop.	72	12	16	5,118,62
	65-74	Sample	44	11	45	2,319
		G. pop.	44	15	41	2,453,33
	75 and over	Sample	16	12	72	2,587
All women 16 and over		G. pop.	19	16	65	1,528,92
	Sample	42	13	45	7,559	20,688,39
	G. pop.	64	21	15		

* less than 1%

TABLE AXIV

Ability of impaired persons with various levels of short-sight ability to recognize people they know across the street (wearing glasses if applicable)

Ability to recognize people across street*	Short-sight ability*					All impaired %
	Can see to read/write %	Can see to read/write if uses magnifier %	Cannot see to read/write even with magnifier %	Illiterate %	Sees but does not comprehend No.	
Yes, could recognize	91	27	13	79	[9]	83
No, could not recognize†	9	73	87	20	[4]	17
No. on which % based	11,049	585	843	182	[13]	12,672

* with glasses if applicable

† includes four subjects who claim to be able to see across street but not to recognize

[] enclose sample numbers where base is too small to percentage on

APPENDIX B—THE SAMPLE

There being no comprehensive lists of handicapped people, nor, indeed, any recognised criteria for identifying the 'handicapped', the only way of obtaining a sample was to select a representative sample of households, and identify the impaired by asking as few questions as were necessary to establish whether there was anyone in the household aged 16 or over who was physically impaired, or had any other impairment or condition which made it difficult for them to take care of themselves, carry out their domestic responsibilities, or limited their occupational or social activities.

From preliminary estimates of the incidence of impairment, made as a result of the pioneering work of the Social Medicine Research Unit of Bedford College, London, and our own small pilot, and in view of the complexity of the analyses required, it was decided that a sample of 100,000 households would be necessary (sample A).

Even a sample of this size would not be large enough to allow for reliable data on the very small group of those so severely handicapped as to need constant care, and a further 150,000 households were approached to identify this group (sample B).

The letters and forms used will be found at the end of this appendix.

Sample design

The sample design was a stratified random one in two stages, with the London boroughs, county boroughs and contiguous groups of local authority areas (i.e. municipal boroughs, urban districts and rural districts) comprising the frame from which the sample of primary units was selected in England and Wales. In Scotland, the frame comprised the four cities and contiguous groups of the other large burghs, small burghs and district councils. These units were stratified by the standard regions of England and Wales, and in Scotland by four divisions—Northern, East Central, West Central and Southern. Within the regions and divisions, units were arranged by county, and where a county is contained within two regions, the whole of the county was assigned to the region containing the greater part of the population of that county. The units were arranged in descending order of size.

One hundred primary sampling units covering 384 local authority administrative areas were selected with probability proportional to the unit population.

At the second stage 250,000 addresses were selected from the Electoral Register compiled on the 10th October, 1967, and in force for a period of 12 months commencing 16th February, 1968. From 90 primary sampling units 225,000 addresses were selected in England and Wales and 25,000 from 10 units in Scotland such that the overall probability of selection of addresses was uniform. Within the primary sampling unit 2,500 addresses were selected in such a way that each address had the same chance of selection.

The postal stage

It was impossible to carry out such a mammoth postal operation in London, as there was neither the office space, nor the staff or machinery. Mr. Blunden, head of the sampling section, arranged for a commercial mailing agency to draw the sample addresses to his precise instructions, and under his direction and supervision, and do the mailing. At the same time, to retain the confidentiality of the replies, a team from London was stationed in Sunderland, and Social Survey staff dealt with the opening and sorting of returned forms.

We were fortunate in having the active co-operation of the postal authorities, (Mr. Whitehouse, postmaster at Sunderland, not only arranged massive despatches on the correct date, but contacted postmasters in the sample areas to ensure delivery of imprecise addresses) and of the (then) Ministry of Social Security in Newcastle, who supplied supervising staff for the postal stages.

Response to the postal stage

In effect 249,259 households were approached by post.

Of the forms sent out, 4,686 were sent to 'ineligible' addresses: empty properties, institution and business addresses.

Thus, the final eligible sample was 244,573 households, and information as to whether anyone in these households was handicapped was obtained from 209,335 households, giving a response rate of 85.6%. The response rate for the two different forms was very similar, the difference being less than 1%.

The end of August was considered the last day for inclusion in the interview sample. In 488 cases the informants had carefully removed all trace of the serial number and address so that it was impossible to send an interviewer. In any event, the great majority of these forms indicated no impairment.

Normally, in sample surveys, it is assumed that the non-responders are similar to the respondents, that is, that the resultant sample is fully representative. In this survey, however, we had to consider the possibility that respondents would be more likely to be impaired, and that non-response could be due to the non-impaired households feeling that the survey did not concern them, and they therefore had no incentive to reply. If this applied and we had taken our 85.6% to be representative, we might have been over-estimating the number of impaired.

We hypothesized, that, if this were so, then this lack of incentive would operate in causing the unimpaired to delay replying, and we would, therefore, have expected the proportion of impaired to have progressively decreased over the response period. We therefore plotted the proportions day by day, and the result was not a J-shaped distribution, but a horizontal line. This means that had the cut-off point been after 14 days, we would have had a very similar proportion of impaired in the sample to that which we would have had if the cut-off point had been 21, 28, 35 etc. days after. It would not be unreasonable, therefore, to assume that if we had extended our 'wait', we would have had similar proportions being returned after our cut-off. We are, therefore, assuming that our non-respondents do not differ from the respondents as regards whether or not they are impaired.

Interview sample

Sample A—(any disability)

Sample A yielded 13,451 households with one or more persons claiming to be impaired, a total of 15,096* persons. Of these 8,744 were aged 65 and over and 6,352 were aged under 65.

It was decided to attempt to interview all those persons aged under 65 and one in four persons aged 65 and over. Thus, the total number interviewed in this sample was 8,538. However, all figures given from now onwards have been re-weighted by four for the 65 and over age group so that they are representative of the original sample.

Dates of interview

The bulk of the interviewing was carried out between October 1968 and February 1969.

Interviewing response

At the interviewing stage it was found that 321 persons had had a temporary impairment, which no longer incapacitated them and which was not likely to recur. There were a few cases where the claim of impairment was found to be facetious. For example, a woman had cut her finger and was apparently making such an inordinate fuss about it, that when, coincidentally, our postal form arrived, her husband entered her on the form as being physically impaired. In some cases the form had been misunderstood and past impairments had been recorded. There were a few cases where a householder had included someone *not* in the household, for example a mother-in-law who occasionally came to stay, and there were odd cases of someone at an institutional address not being sifted out at an earlier stage. In a few cases conditions entered on the form were found not to cause any limitation. These ineligible persons totalled 168, which together with the temporarily impaired leaves an eligible interviewing sample of 14,609, 97% of the original interviewing sample set.

Since the time of the postal enquiry 171 people in this sample have permanently entered a home, hospital or institution. In 114 of these cases an abbreviated interview was conducted either with the subject herself or with a proxy† if the subject was unable to be interviewed.

Prior to the date of interview 350 people in this sample had died, but in 290 cases, an abbreviated interview was conducted with a relative, or, less frequently, with a neighbour who had looked after the subject.

Full interviews were carried out with 12,981 informants, including those cases where information was given by proxy; there were 404 abbreviated interviews; thus 89% of the eligible interview sample was interviewed.

Non-response at the interview stage

We were unable to interview 1,222 persons in this sample (8%), 519 of whom

* This figure includes 100 persons, found at the interviewing stage, who had been permanently impaired at the time of the postal but who had been omitted from the postal form.

† A proxy interview was taken where the subject was either too ill, too deaf or too mentally incapacitated to be interviewed herself. In these cases the information was asked of the relative, friend or neighbour who looked after the subject. A proxy interview was *never* taken where the subject herself was unwilling to be interviewed.

were men (42%), 679 women (56%) and 24 (2%) where sex was not known. Of the non-respondents, 11% were aged under 45, 26% aged between 45 and 64 and 63% aged 65 and over or age not known. A more detailed analysis of the non-respondents is given later in this appendix.

Summary of Sample A figures

Interview sample set (people)	15,096
-------------------------------	--------

Interviewed:

Full interview	12,981
Abbreviated interview:	
Subject in home/hospital	114
Subject dead	290
Temporarily handicapped	321

Not interviewed:

Ineligible (wrong address)	168
Refusal by subject	412
Refusal by other on behalf of subject	209
Denial that impairment causes handicap	103
Incapable of being interviewed: no proxy available	17
Non-contacts:	
Dead: no proxy available	64
In hospital/institution, no interview possible	57
Away from home for period	51
Out at each call	103
Moved: no forwarding address available	186
Other reasons	20

Sample B—(the very severely handicapped, those needing special care)

Obtaining the interview sample for those very severely handicapped and needing special care was more complicated than for Sample A.

In the first place, it was quite clear that the postal questionnaire had not been fine enough to identify only those needing special care. This was found at an early stage, when the number of persons claiming to need special care was very high, and there were indications that the questions had not only been interpreted differently (which had been anticipated), but in some cases misunderstood. For example, question six asks "Are you living alone, but have a lot of daily help from children, neighbours or friends, or from the welfare, to help you look after yourself?" and had in some cases simply been answered "yes, living alone".

In order to achieve a finer sift the positive replies to the Sample B questionnaire were scrutinized, and included in the sample if either

- (a) Question 3 was positive, or
- (b) Questions 4 and 5 were positive, or
- (c) Questions 4 and 6 were positive.

This gave a sample of 2,640 persons which was larger than expected, but we felt that it would be better to have too broad a group and reject at the interviewing stage if necessary. The 65 and over age group was *not* subsampled in Sample B as in Sample A.

Interviewing response

There were no persons found at the interview stage who had been omitted from the sample. A total of 1,518 persons were found to be ineligible: 11 because they did not live at the sampled address, 17 because the postal questionnaire had been misunderstood and 18 because their handicap was only temporary. The remaining 1,472 persons were rejected as ineligible because they did not fulfil the criteria laid down in Appendix D, 'Classification into categories of handicap', categories 1 to 3 — 'special care'. Of these, 203 interviews had been terminated at question 26 and the remaining 1,269 were classed as ineligible after the coding of question 26. This left an eligible sample of 1,122 persons.

Since the time of the postal enquiry 65 of these 1,122 people had permanently entered a home, hospital or institution. In 53 cases an abbreviated interview was conducted, either with the subject or with a proxy, if the subject was unable to be interviewed.

Prior to the date of interview 209 people in the sample had died, but in 170 cases an abbreviated interview was obtained from the relative, friend or neighbour who had looked after the deceased person.

Full interviews were carried out with 733 informants, including those where information was given by proxy, plus 223 abbreviated interviews; thus 85% of the eligible sample were interviewed.

Non-response at the interview stage

We were unable to interview 166 persons in this sample (15%), 50 of whom were men (30%), 113 women (68%) and 3 (2%) where sex is not known. The majority of the non-respondents were aged 65 and over, 89%. A more detailed analysis of these non-respondents is given later.

Summary of Sample B figures

Interview sample set (people)	2,640
<i>Interviewed:</i>	
Full interview	733
Abbreviated interview:	
Subject in home/hospital	53
Subject dead	170
<i>Not interviewed</i>	
Ineligible (not in need of special care)	1,518
Refusal by subject	27
Refusal by other on behalf of subject	45
Incapable of being interviewed: no proxy available	3
Non-contacts:	
Dead: no proxy available	39
In hospital/institution: no interview possible	12
Away from home for period	12
Out at each call	2
Moved: no forwarding address available	24
Other reasons	2

Weighting the interview sample for the purposes of analysis and making estimates

As our two sub-samples, A and B, were drawn from samples of different sizes and we wish to analyse the two sub-samples together it has been necessary to reweight the samples. The second sample was drawn in order to obtain a number of persons needing special care big enough for analysis since they form only a small proportion of all handicapped persons. As persons needing special care were drawn from a total sample of 250,000 households and persons not needing special care from 100,000 households only, persons in need of special care have been weighted by two-fifths so that the two sub-samples can be analysed together. Thus:

Samples A + B	
Full interviews:	13,714
special care	1,627
non-special care	12,087
taking two-fifths of the special care	651
∴ sample on which analysis is based	12,738

Non-respondents

Sample A non-respondents aged 65 and over have been weighted by four and sample B non-respondents have been weighted by 0.4, (see the section on the sample).

This means that in the total sample 1,286 persons were not able to be interviewed, 526 men, 736 women and 24 whose sex is not known. Table B1 below shows the age and sex of the interviewed sample.

TABLE B1
Age and sex of non-respondents compared with the sample of interviewed persons

Age group	Men		Women		Men and women	
	Non-respondents %	Interviewed sample %	Non-respondents %	Interviewed sample %	Non-respondents %	Interviewed sample %
16-29	7	4	3	2	5	3
30-49	17	15	10	9	13	12
50-64	27	32	21	24	23	27
65-74	24	28	30	31	27	30
75 and over	25	21	36	34	32	28
No. on which % based	477	5,169	667	7,569	1,144*	12,738

* excludes 118 not answering to age and 24 not answering to age and sex

The non-respondents show a slightly higher proportion of young persons and persons aged over 74 than the interviewed sample.

For about a third of persons not interviewed marital status was not established. Therefore, a comparison has not been made with the interviewed sample, since such a comparison might be misleading.

Reasons for non-interview

Important to any analysis of non-respondents is the reason for non-interview. The reasons, which fall into 10 groups, are given in Table B2.

TABLE B2
Reason for non-interview

Reason for non-interview	%
Dead: no proxy available	6
In hospital or institution, no interview possible	5
Refusal by subject	33
Refusal by other on behalf of subject, refusal of proxy to give information	18
Non-contact: away from home for period	4
Non-contact: out at each call	8
Incapable of being interviewed and no proxy available	1
Moved, no forwarding address available	15
Denial that impairment causes handicap	8
Other reasons (e.g. end of field work period, interviewer could not recall)	2
No. on which % based	1,286

Refusal is the main reason why an interview was not obtained. Taken together, refusal by subject and refusal by some other person on behalf of the subject form over half (51%) of the reasons for non-interview. The next largest group is 'moved: no forwarding address available'. The number of non-interviews because of death would have been higher had not a special shortened version of the schedule been asked of the person who had cared for the deceased person.

The reason for non-interview for persons of different ages is shown in Table B3.

TABLE B3
Reason for non-interview for persons of different ages

Reason for non-interview	Age group				
	16-29 %	30-49 %	50-64 %	65-74 %	75 and over %
Dead: no proxy available	—	—	2	6	15
In hospital or institution, no interview possible	2	2	3	4	7
Refusal by subject	12	35	42	38	29
Refusal by other on behalf of subject, refusal of proxy to give information	20	17	14	18	21
Non-contact: away from home for period	2	2	3	3	7
Non-contact: out at each call	14	13	11	9	2
Incapable of being interviewed and no proxy available	—	1	2	1	3
Moved, no forwarding address available	42	21	15	9	12
Denial that impairment causes handicap	6	6	6	12	4
Other reasons (e.g. end of fieldwork period, interviewer could not recall)	2	3	2	—	—
No. on which % based†	50	149	267	303	363

* less than 0.5%

† persons whose age is not stated are excluded

One expects young persons to be more mobile than elderly persons, and indeed 42% of the 16 to 29 year olds could not be interviewed as they had moved leaving no forwarding address, compared with only 12% of those aged 75 and over. Whereas only 12% of non-respondents aged 16 to 29 refused, themselves, to give an interview, the proportion for the 50 to 64 year olds is 42%. As one might expect, a higher proportion of the elderly than the younger impaired have died and have been unable to be interviewed as no proxy was available, 2% of non-respondents aged 50 to 64 and 15% of those aged 75 and over.

Two of the reasons for non-interview will be looked at in a little more detail, refusals and denial that the impairment causes a handicap.

Refusals

As the number of refusals is high (refusal by subject and refusal by other person) the reason for refusal has been examined. The reasons for refusal given by either the subject or some other person are shown separately in Table B4.

TABLE B4
Reason for subject or other person refusing an interview

Reason for refusal	Refusal by subject %	Refusal by other %
Not sufficiently handicapped to need being interviewed (but not denying that not handicapped at all)	24	12
Embittered by disability or does not like talking about disability	4	13
Says does not want any help or care	13	9
Too ill or not well enough	6	6
Dislikes surveys or answering questions	10	6
Too busy, not interested	11	11
Subject dead: proxy refused interview	—	11
No specific reason given, indirect refusal by breaking appointments	26	26
Other reasons	6	6
No. on which % based	421	227

In over a quarter of both types of refusals either the interviewer did not state the reason for refusal or a refusal was inferred by the fact that the subject broke two or more appointments. The next main reason for a refusal by the subject is where the subject did not consider his or her handicap of sufficient importance to warrant an interview. These people differ from those who deny that their impairment causes a handicap. There are, in fact, 124 cases where the subject or some other person claims that the handicap is too minimal to warrant an interview. They consist of 33 cases of arthritis or rheumatism: 38 cases of difficulty with kneeling or bending or both: 12 amputations (the most severe was the amputation of both hands, but more usually one or two fingers had been amputated): four of deafness: two of blindness: 12 minor injuries: four slipped discs and the remaining 20 included 'heart trouble' and stiffness. Most of these people said they only entered their disabilities on the form because they thought they had to but would not have done so had they realised it would result in an interview.

Denial that impairment causes handicap

We have already seen that 6% of the 16 to 64 year olds, 12% of the 65 to 74 year olds and 4% of the 75 year olds and over have not been interviewed as they deny that their impairment causes a handicap. Forty-eight of the 103 persons denying that their impairment causes a handicap are amputees, three of them have leg amputations, 10 toe amputations and the rest have finger amputations. In the remaining cases, the handicap is slight, for example 'slight arthritis', slowing due to age, blood pressure, slipped disc, stiff knee and slight difficulty with kneeling and bending. Although by our definition these people are impaired, and so should have been interviewed, they claim that it causes them no handicap.

Mobility, whether living alone, head of household and number of persons per household

We attempted to analyse the situation of non-respondents, as regards mobility, whether or not they are living alone, whether or not they are the heads of households and the number of persons per household and make comparisons with the interviewed sample. However, the number of cases where the information was not available is so high as to make any comparison meaningless. For example, for 8% of non-respondents mobility and whether or not they are living alone is not known, the head of the household is not known for 23% and the number of persons per household for 27% of these non-respondents.

GOVERNMENT SOCIAL SURVEY
Atlantic House, Holborn Viaduct, LONDON E.C.1
Telephone: 01-583 8931

Your reference:

Our reference: SS.418/3 /1

12th June, 1968.

Dear Sir or Madam,

The Government Social Survey is anxious to find out whether people aged 16 or over, including the elderly, can get about and look after themselves, whether they have difficulty, but manage on their own, or whether they have or might need help.

We are therefore asking if you would help us by completing the attached simple form for everyone aged 16 or over in your household, or getting one of them to do it for you. Anything you tell us will, of course, be treated as strictly confidential.

We are not only interested in younger people who have not yet reached retirement age; we'd also like to know about those who are more elderly, who accept that their movements are a bit restricted.

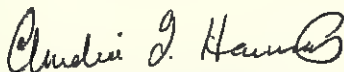
We would, however, like you to limit your answers to the people living here with you in your household. PLEASE DO NOT pass the form on to others outside who may be disabled, as this could lead to over-counting.

As you will appreciate, we are most anxious to get as complete a picture as possible. It is important for us to know which people have none of these difficulties, as well as those who do have some difficulty. Even if the answer to all the questions is "No" - we should like you to tell us so on the form.

When you have completed the form, please return it as soon as possible in the envelope provided. No stamp is necessary.

Thanking you very much for your co-operation.

Yours faithfully,



Amelia I. Harris
Principal Research Officer.

(First reminder letter sent on 26th June, 1968)
(Second reminder letter sent on 17th July, 1968)

SS 418/3

1. How many separate households including your own are there at the address shown on the label? _____

2. How many men and women aged 16 or over are there in this household _____
including yourself? _____

Number of men aged 16 or over

Number of women aged 16 or over

The following questions apply to all men and women aged 16 or over living here with you, including yourself	Please write "YES" or "NO" in this column for each question answered	If anyone has difficulty write in <u>AGE</u> of each person having difficulty If MEN : write ages here If WOMEN : write ages here	How long has he/she had difficulty
3. Has anyone lost the whole or part of, an arm, leg, hand or foot by having an amputation, or accident, or at birth?			
4. Is there anyone in this household who needs a lot of looking after, or a lot of help with toilet, dressing or getting up and walking about?			
5. Has anyone aged 16 or over been unable to get out of bed, or get out of the house for the past 3 months?			
6. Do you, or anyone in this household aged 16 or over, have difficulty a) Going up or down steps and stairs? ----- b) Kneeling or bending? ----- c) Walking without help?			
7. Do you or anyone in this household aged 16 or over, have difficulty d) Washing or feeding themselves? ----- e) Dressing themselves? ----- f) Doing up buttons or zips? ----- g) Combing or brushing hair? ----- h) Gripping or holding things, or any other difficulty in using arms, hands or fingers?			

8. If no-one in the household has any of the above mentioned difficulties

Does anyone in your household have some other permanent disability (including blindness) which stops or limits their working, or getting about or taking care of themselves? Please note below who the person is, age and what the disability is.

What is disability?	Age if man	Age if woman	How long has he/she had difficulty?

9. Name of person completing form (BLOCK LETTERS) _____

POSTAL QUESTIONNAIRE - Sample B

SS 418/4

1. How many separate households, including your own, are there at the address shown on the label? _____

2. How many men and women aged 16 or over are there in this household, including yourself?
 Number of men aged 16 or over _____
 Number of women aged 16 or over _____

The following questions apply to all men and women aged 16 or over living here with you, including yourself.	Please write "YES" or "NO" in this column for each question answered	If there is anyone like this, write in AGE of each person		What is the trouble?
		MEN	WOMEN	
3. Is there anyone living here who is confined to bed?				
4. Is there anyone living here who has to sit in a chair most of the day, and needs a lot of looking after?				
5. Is there anyone living here who cannot do much to help themselves, and needs to have a lot of ordinary, everyday things done for them?				
6. Are you living alone, but have to have a lot of daily help from children, neighbours or friends, or from the welfare, to help you look after yourself?				

7. Name of person completing form (BLOCK LETTERS) _____

APPENDIX C—ESTIMATING NUMBERS OF IMPAIRED PERSONS IN POPULATION OF GREAT BRITAIN

Sample A was drawn from 82,516 households, that is the total number of households responding to the postal questionnaire. In Great Britain (Census 1966) there are 39,384,880 people aged 16 and over, living in 17,347,970 private households. (Census 1966 gives two estimates of the number of private households: 16,937,050, excluding households normally resident, but absent on Census night and 17,347,970, not excluding absent households. The latter is the estimate we are using as our sample was drawn from all households.) Therefore the average number of persons aged 16 and over living in Great Britain in private households

$$\begin{aligned} &= \frac{39,384,880}{17,347,970} \\ &= 2.27 \end{aligned}$$

Thus our sample was drawn from (an estimated) 187,311 persons aged 16 and over living in private households in Great Britain ($82,516 \times 2.27$).

We found, adjusted postal and interview, 14,609 impaired persons living in Great Britain in private households, of whom 8,500 were aged 65 and over, and 6,109 were aged 16 to 64. Therefore the best estimate of the number of impaired persons in the population aged 16 and over

$$\begin{aligned} &= \frac{14,609}{187,311} \times 39,384,880 \\ &= 3,071,756 \end{aligned}$$

Standardized for age

We found 8,500 impaired persons aged 65 and over and 6,109 impaired persons aged 16 to 64. Our sample was drawn from 187,311 persons aged 16 and over living in private households in Great Britain.

The population in Great Britain aged 65 and over = 6,438,480 and aged 16 to 64 = 32,946,400

Therefore in our sample

$$\frac{6,438,480}{39,384,880} \times 187,311 = 30,621 \quad \text{would be 65 and over}$$

and

$$\frac{32,946,400}{39,384,880} \times 187,311 = 156,690 \quad \text{would be 16 to 64}$$

Thus we can estimate

$$\frac{8,500}{30,621} \times 6,438,480 = 1,787,240$$

impaired persons aged 65 and over living in private households in Great Britain,

and

$$\frac{6,109}{156,690} \times 32,946,400 = 1,284,508$$

impaired persons aged 16 to 64 living in private households in Great Britain.

Therefore the total number of impaired persons living in private households in Great Britain aged 16 and over = 3,071,748.

Interviewed sample: final figures

The sample used for analysis = all non-special care and two-fifths of all special care (see Appendix B, page 245), = 12,738. This sample of 12,738 is the same universe as that from which we sampled 14,609 persons.

We get 14,609 impaired persons from 187,311 persons, therefore we get 12,738 impaired persons from

$$\frac{12,738}{14,609} \times 187,311 = 163,347 \text{ persons.}$$

For each person we have interviewed, there are estimated to be

$$\frac{39,384,880}{163,347} = 241.112$$

persons aged 16 and over living in their own homes.

APPENDIX D—CLASSIFICATION INTO CATEGORIES OF HANDICAP

Categories 1-3—'Special care'

A respondent is thought to need special care when one of the following four conditions applies:

- (a) the person is not able to understand the questions or give rational answers, for example is mentally impaired or senile, or
- (b) is permanently bedfast, or
- (c) is not bedfast but is confined to a chair and cannot get in and out of the chair without the aid of some other person, or
- (d) needs someone to supply most of her personal needs.

Where one of these criteria applied the interviewers were instructed to ask a 'special care' schedule *instead* of asking question 26 on the main schedule. (Since the special care schedule was printed on grey paper it has been referred to as the 'grey' schedule.)

All schedules were examined; if a 'grey' had been asked, to determine that it had been correctly asked, and in all cases where a 'grey' had *not* been asked, to determine whether it had been omitted in error.

The schedules were checked as follows:

1. If an informant is permanently bedfast (Qn. 21, code 3 on the main schedule) the 'grey' schedule applies.
2. If an informant is confined to a chair and cannot get in and out of the chair without the aid of some other person, either
 - (i) Qn. 21 (a), code 7, main schedule [wheelchair users are not asked Qn. 21 (a)], or
 - (ii) a wheelchair user, Qn. 22, code 4 *and* Qn. 301, wheelchair page 1, code 5,the 'grey' schedule applies.
3. If neither of the above applied, a check was made to see whether (a) or (d), above, applied on the basis of the following criteria:
 - (i) If informant cannot feed herself, either
 - (a) Qn. 202, code 6 on 'grey' schedule, or
 - (b) Qn. 26, item 7, code 3, on main schedule the 'grey' schedule applies.
 - (ii) If informant can get to the W.C. only if helped or not at all, either—
from the 'grey' schedule
 - (a) gets to the W.C. only if helped, Qn. 208, code 2, or
 - (b) has to have help using appliance, Qn. 209, code 2, or

- (c) uses appliance on own but someone has to empty it, Qn. 209(a), code 1, or

from the main schedule

informant cannot get to the W.C. on her own, Qn. 26, item 2, code 3, or where a commode is used and the informant either needs help using or emptying it,

the 'grey' schedule applies.

- (iii) If two of A, B or C below apply, the 'grey' schedule applies.

A Needs help washing hands and face either

from the 'grey' schedule

- (a) has to have water brought, Qn. 204, code 1, or
(b) has to have help washing hands and face, Qn. 204(a), code 5 or Qn. 205(a), code 9, or

from the main schedule

cannot wash hands and face on own, Qn. 26, item 3(b), code 3.

B Needs help with dressing

Qn. 215, code 5 on 'grey' schedule, or
Qn. 26, cannot do two out of three of the dressing items, 4, 5 and 6, coded 3, on the main schedule.

C Needs help with getting in and out of bed

Qn. 218(a), code 4 on 'grey' schedule, or
Qn. 26, item 1, code 3, on the main schedule.

In addition a few schedules were included, because, although not filling the above criteria, the informants were considered to be in need of special care, since the subject was doubly incontinent regularly or could not be left alone for fear of "falling in the fire", "turning on the gas taps", or for a similar reason.

Where a 'grey' schedule should have been asked but had been omitted in error, as far as possible the information from Qn. 26 was transferred to the 'grey' schedule, accounting for a large proportion of the 'no answers' to some questions on the 'grey' schedule. Similarly, where a 'grey' schedule was incorrectly asked the information was transferred to question 26 on the main schedule.

Classification of the special care group into three degrees of handicap: groups 1, 2 and 3

At the request of the Department of Health and Social Security, the special care group has been classified into three further groups, on the basis of the following criteria.

GROUP 1: To qualify for group 1, statement I below must apply *and either* statement A *or* statement B.

- I The subject needs help using a commode, chamber or similar appliance (excluding a bed bottle) or bedpan practically every night.

A at least *four* of the following must apply:

- (i) Subject has to be fed.
- (ii) Subject has to have help with drinking.
- (iii) Subject cannot get to the W.C. even with help, i.e. has to use an appliance.
- (iv) Subject needs help with tube or catheter.
- (v) Subject has to have help with practically all of her dressing.
- (vi) Subject needs help in changing position in bed at least twice during the night.

B at least *eight* of the following must apply:

- (i) Subject ~~cannot~~ get to the washbasin and so has to have water brought.
- (ii) Subject cannot wash own hands and face without help.
- (iii) Subject cannot get to a bath, and so has an all-over wash.
- (iv) Subject has to have someone to give an all-over wash.
- (v) Subject has to have help using commode, chamber or similar appliance.
- (vi) Subject has to call for someone to give him the bedpan during the day.
- (vii) Subject has to call for someone to give him the bed bottle during the day.
- (viii) Subject has to call for the bed bottle during the night.
- (ix) Subject has to call for the bed bottle practically every night.
- (x) Subject needs help changing position in bed.
- (xi) Subject has trouble holding water.
- (xii) Subject wets clothes.
- (xiii) Subject wets the bed.
- (xiv) Subject soils clothes.
- (xv) Subject soils the bed.

GROUP 2: If statement I applies but neither A nor B applies then the subject qualifies for group 2. Alternatively, the subject qualifies for group 2 where statement I does *not* apply but at least three A's *and* at least eight B's apply.

GROUP 3: The remaining special care subjects who do not qualify for group 1 or 2 become group 3.

Categories 4-8

The range of physical disability for the rest of the sample is very wide, from those with no physical disability (for example epileptics, some mentally retarded and blind) to those severely handicapped, who manage, even with considerable difficulty or mechanical and other aids, to carry out effectively at least the major functions of essential daily living.

We had hoped that the test score would enable us to distinguish the degrees of handicap, but, apart from the top and bottom of the scale, this seems unlikely.*

In a paper circulated on 3rd April 1969, we therefore suggested that we classified people on the basis of difficulty with self-care (question 26)†, as shown below.

The first consideration was items of self-care which have to be performed more than once a day. These were:

- | | |
|------------------------------------|-----------|
| (i) getting to and using the W.C.: | item 2 |
| (ii) washing hands and face: | item 3(b) |
| (iii) feeding oneself: | item 7 |

These were classed as major items of self-care.

We considered the remaining items as likely to be 'once a day' or less activities, and classed them as 'minor' functions. These were:

- | | |
|--|-----------------|
| (i) getting in and out of bed: | item 1 |
| (ii) having a bath or an all-over wash: | item 3 or 3(a)‡ |
| (iii) putting on shoes and socks or stockings: | item 4 |
| (iv) doing up buttons and zips: | item 5 |
| (v) dressing, other than buttons and shoes: | item 6 |
| (vi) combing and brushing hair: | item 8 |
| (vii) shaving: | item 9 |

We then classified into five groups as follows:

8 No handicap

can do all items, 1, 2, 3a or 3b, 4, 5, 6, 7, 8 and 9 without difficulty (0)

7 Minor handicap

can do all major items without difficulty (0), but can only perform one or more minor items with some difficulty (2), and/or one minor item impossible (3)

6 Appreciably handicapped

- (a) has difficulty doing one major item (2), but can do everything else, even with difficulty (2), i.e. the remaining items could all be 0, or
- (b) has no difficulty with major items, but at least two minor items are impossible (3) and some minor may also be coded 2

* It will be remembered that the upper extremity test comprised 12 arm and hand movements for each hand, and two movements involving both hands. The lower extremity test involved eight movements. Thus with scores of '0'—can do on own without difficulty and without using prostheses or aids, '1'—difficulty or using prostheses/aids, and '2'—unable to do at all, a total score of 68 is possible (52 upper and 16 lower). However, even if we were to separate upper and lower, a score of 26 on the upper extremities might mean either that a person cannot use his left hand at all, but does everything perfectly with his right, or that he can do every movement with both hands but with some compensatory body movement. Bedford College are working on the test scores and it will be of interest to compare the groupings.

† It is accepted that there may be other ways of classifying degrees of handicap taking into account other factors such as the effect of impairment on work and housekeeping, but the only function which applies to the whole sample is self-care.

‡ Items 3 and 3(a) are taken as alternatives (i.e. if the subject cannot have a bath, but can manage an all-over wash, this will be taken as 'can manage').

5 Severely handicapped

- (a) has difficulty doing one or two major items (2), and one or more minor items impossible (3), some minor may also be coded 2, or
- (b) one major item impossible (3), and other minor items may be coded 2 or 3, or
- (c) has difficulty with at least two major items (2) and one or more minor items (2)—but none impossible

4 Severely handicapped

has difficulty with all three major items (2) [or one of these impossible (3)] and one or more minor impossible (3)

Following the circulation of this paper, we received several suggested amendments to our classification. Dr. M. D. Warren (London School of Hygiene and Tropical Medicine) suggested that 'doing up buttons and zips', item 5, should be substituted for 'washing hands and face', item 3(b), as a major item of self-care, the other two major items remaining the same. He commented that item 5 reflects finer hand movements and dexterity than the grosser movements and reach of items 2, 3(b) and 7. This change would mean that people with difficulty in hand movements would be classified as at least appreciably handicapped whereas the original system might put somebody with quite severe rheumatoid arthritis, for example, into the minimum handicap group. This suggestion has been adopted.

However, before finally deciding which were to be major and minor items, we asked handicapped people at a centre for the disabled to rate items of self-care in order of importance. It was impossible to find any agreement as they rated items either in the order of difficulty rather than importance—in fact they equated difficulty with importance—or they found it impossible to assign more than two ratings—one for the items they could do, and one for those they could not do.

We also asked non-handicapped people to do an identical rating. This confirmed that going to the W.C. was felt to be of major importance as an item of self-care, but the other items were not sufficiently distinguished to be of use for our classification into categories.

D.I.G. and the Disabled Living Activities Group were also consulted.

We finally agreed that the major items are items 2, 5 and 7 and the minor items are 1, 3 or 3(a), 3(b), 4, 6, 8 and 9. As item 9 applies for men only we have taken item 8 for women only. This gives both men and women equal chances of falling into any category.

It was also felt that the categories defined in the paper of 3rd April 1969, were not discrete. This led us to investigate the possibility of some kind of scoring system based on the coding at question 26. The major and minor items were as above. It was found that by giving greater weight, i.e. higher scoring, for the major items the categories could be defined as shown below.

The final method of classification of categories 4-8

The individual items of question 26 are divided into major and minor items; the items are scored and the total score is then grouped to give five categories. The scoring is made on codes 0, 2, 3, 4 and 6.

Code 0—subject can perform item with no difficulty

Code 2—subject has difficulty doing item but can do it on own

Code 3—subject cannot perform item on own, even with difficulty

Code 4—subject 'never does' an item because it is too difficult

Code 6—subject has difficulty doing item but it is not known whether or not
can do it on own

Major and minor items are as follows.

Major items

- | | |
|-----------------------------------|--------|
| (i) Getting to or using the W.C.: | item 2 |
| (ii) Doing up buttons and zips: | item 5 |
| (iii) Feeding: | item 7 |

Minor items

- | | |
|---|----------------|
| (i) Getting in and out of bed: | item 1 |
| (ii) Having a bath or an all-over wash: | item 3 or 3(a) |
| (iii) Washing hands and face: | item 3(b) |
| (iv) Putting on shoes and socks or stockings: | item 4 |
| (v) Dressing, other than buttons and shoes: | item 6 |
| (vi) <i>Women only</i> | |
| Combing and brushing hair: | item 8 |

Men only

- | | |
|----------|--------|
| Shaving: | item 9 |
|----------|--------|

Scoring for major items is as follows:

- (i) If a major item is coded 0 it is scored 0 even if overcoded y.
- (ii) If a major item is coded 2 it is scored 4.
- (iii) If a major item is coded 6 it is scored 5.
- (iv) If a major item is coded 3 or 4 it is scored 6.

Scoring for minor items is as follows:

- (i) If a minor item is coded 0 it is scored 0 even if overcoded y.
- (ii) If a minor item is coded 2 or 6 it is scored 2.
- (iii) If a minor item is coded 3 or 4 it is scored 3.

The total scores of the major and minor items are grouped into categories,
as below.

<i>Score</i>	<i>Category</i>
18-26	4
12-17	5
6-11	6
1-5	7
0	8

Category 8 has been divided into two groups to distinguish persons who have no difficulty with self-care but have some disorder which may cause difficulty other than the purely physical, and those with musculo-skeletal and neurological disorders. Epilepsy, migraine, dizziness, convulsions and vertigo have been

excluded from the latter group because it is uncertain whether they are of neurological origin.

Category 8 is divided into two groups as follows.

- (a) Disorders other than musculo-skeletal and neurological (including epilepsy, migraine and dizziness).
- (b) Musculo-skeletal and neurological disorders (excluding epilepsy, migraine and dizziness).

8(a) *Disorders other than musculo-skeletal and neurological (including epilepsy migraine and dizziness)*

011	Respiratory tuberculosis	081	Bronchitis
013	Other infective and parasitic diseases	082	Emphysema
021	Cancer, malignant tumours	083	Asthma
022	Benign and unspecified tumours	084	Pneumoconiosis, silicosis
031	Diabetes (Mellitus)	085	Other lung diseases and symptoms
032	Other endocrine diseases	091	Stomach and duodenum
033	Nutritional, metabolic, allergic	092	Intestines
041	Haemophilia	093	Liver, gall bladder, pancreas
042	All other diseases of blood	094	Hernias
051	Mental illness, psychosis, etc.	095	Other diseases of digestive system
052	Nervousness, debility, headache, etc.	101	Diseases of kidney
053	Mental subnormality	102	Diseases of bladder, prostate
067	Epilepsy	103	Diseases of female genital organs
068	Migraine	111	Diseases of eye, partial blindness
069	Dizziness, convulsions, vertigo	112	Deafness
06Y	Head injury	113	Other ear disorders, Ménière's disease
071	Congenital heart disease	121	Dermatitis and all other diseases of skin
072	Rheumatic fever	152	Burns
073	Coronary disease	153	Other injuries
074	Arteriosclerotic diseases	161	Senility
075	High blood pressure, hypertension	162	Other ill-defined conditions
076	Diseases of the arteries		Blindness
077	Varicose veins		
078	Heart trouble, unspecified		
079	Other diseases of circulatory system		

8(b) *Musculo-skeletal and neurological disorders (excluding epilepsy, migraine and dizziness)*

012	Non-respiratory tuberculosis	060	Sciatica
061	Poliomyelitis	06X	Other central nervous system diseases
062	Cerebral haemorrhage, strokes	131	Rheumatoid arthritis
063	Multiple sclerosis	132	Osteo-arthritis
064	Paralysis agitans (Parkinsonism)	133	Other arthritis, unspecified
065	Cerebral palsy (spastic)	134	Osteomyelitis
066	Paraplegia, hemiplegia	135	Slipped disc, lumbago

8(b)—*Cont.*

136	Muscular dystrophy	141	Spina bifida, hydrocephalus
137	Fractures	142	Other congenital malformations
138	Sprains, strains, dislocations, etc.	151	Birth injuries
139	Other diseases of bones and organs of movement		Amputations

Summary of classification of categories 4-8

Briefly, we suggested some items of self-care are more 'important' than others. If one needs help in getting to and/or using the W.C., such help would have to be available within a short time of the need being recognized, while help with combing hair, for example, could be deferred. Also, some items of self-care need to be performed more often than others—that is, one could be expected to eat or drink more often than one puts on shoes or stockings, so that difficulty with eating or drinking would cause more hardship than having difficulty putting on shoes or stockings.

It was, therefore, proposed that a classification of handicap be based on ability to perform the various items of self-care (three degrees of ability (a) can do without difficulty, (b) can do oneself but only with difficulty, and (c) cannot do at all without someone to help) and that three items, namely getting to and using the W.C., eating and drinking, and washing hands and face were major items, and should receive greater weight in the classification of handicap. Later, doing up buttons and zips was substituted for washing hands and face as a major item of self-care so that one major item would reflect fine hand movements.

Based on the paper (3rd April 1969) and on suggestions made, classification into six categories of handicap has been made as follows.

Minor items

Getting in and out of bed
Having bath or all-over wash
Washing hands and face
Putting on shoes and stockings
Dressing, other than buttons and shoes

Major items

Getting to and using the W.C.
Eating and drinking
Doing up buttons and zips

Women only

Combing and brushing hair

Men only

Shaving

Points for difficulty

No difficulty doing on own
Difficulty, but can do on own
Has to have someone to help

Minor items

0 points
2 points
3 points

Major items

0 points
4 points
6 points

Then scores were divided as follows:

<i>Category</i>	<i>Score</i>
4	18 or over
5	12-17
6	6-11
7	1-5
8a	0 'non-motor'*
8b	0 'motor'*

It must be remembered that our scores are based on the informant's own assessment of ability, and will take into account environmental and psychological factors. One woman with arthritis of the hips might say she cannot put on her own stockings at all, while another, using a makeshift gadget, says she performs this operation without difficulty. Similarly, someone in a wheelchair needs help getting to the W.C. because it is upstairs or in a yard, while another with a W.C. on the same level manages on his own with difficulty.

* The terms 'non-motor' and 'motor' have been used here for simplicity. Full details are given on pages 260-261.

APPENDIX E—INSTRUCTIONS FOR CHECKING LOCAL AUTHORITY REGISTERS

(The following instructions were sent to all interviewers concerned.)

In September we wrote to every Chief Welfare Officer and Director of Welfare Services or Medical Officer of Health where he is responsible for both the health and welfare departments, of the 384 local authority areas in which we are interviewing, to ask if we might check our sample against their register of handicapped persons. They have, in nearly all cases, willingly agreed to co-operate.

Each local authority keeps a register of physically handicapped persons. The advantages to be gained from being registered, and the criteria used for placing someone on this register, vary from one authority to another. The reason why we are checking the register in this way, although we ask the informant if he is registered, is that in many cases a person is registered with the authority without being aware of it.

In addition to the general register of physically handicapped persons, registers may also be kept of the blind, partially sighted, deaf, hard of hearing, elderly, mentally subnormal and mentally ill, *but you are only required to check the list of names with the physically handicapped register*. From the preliminary checking that has been done you can expect to find about 5% of the people on your lists registered.

You are provided with the name and address of the person or department to contact, and you must arrange a mutually convenient time for checking the register. In addition, you are given the name or names of the local authority(ies) which cover(s) your sample, and a list of the names and addresses of the persons, with, where possible, the age and sex.

The checking should merely involve the officials of the Welfare Departments showing you where the records are kept, and then your checking to see whether each named person is registered with the authority or not. Each person that you find registered please mark clearly with P/H (physically handicapped).

Normally the register is filed alphabetically, sometimes men and women are filed separately.

- (i) Check the surname, christian name (where given) and address. If the surname and address is the same and the christian name is different accept this as registered.
- (ii) If the name, sex and age are the same but the address is different, ask the person in charge of the records if this person has moved.
- (iii) If no name is given, or where any name is given with a query and is *not* found to be registered, again ask if a check could be made with the Welfare Officers to see if they are calling on, for example, a man of about 56 living at the address given.

- (iv) If there is someone, other than the person on your list, with the same surname at the same address who is registered, make a special note of this.
- (v) Where two or more possible names are given for any one address check all names to see whether the person is registered.

Make it quite clear to the record's officer, or whoever you are seeing, that we have no intention of checking the accuracy of *their* records.

APPENDIX F—THE VERY SEVERELY HANDICAPPED

The special questions addressed to the most handicapped people interviewed were used to double-check that the informants to whom these questions applied were in need of special care, and the combinations of answers allowed us to classify further the amount of care needed.

In all sections of the report the conditions of these very severely handicapped people have been given special attention, but it may be of some interest to consider briefly the more personal picture of this group.

Some 70% are women, mostly elderly. Eighteen percent are bedfast, and nearly 40% are chairfast, and cannot get in or out of their chair without someone to help. Most of them cannot walk or climb stairs unaided.

The vast majority (over 99%) of very severely handicapped men live with at least one other person, but 7% of the women live alone.

One-third of the men, and nearly 40% of the women were not able to answer any questions themselves, and information was obtained from the person mainly responsible for looking after them. About 1% of the very severely handicapped unable to answer any questions are nevertheless living on their own.

However, all those living alone are able to communicate their wishes by speaking, as are 95% of the very severely handicapped who are living with others. Of the 5% who cannot communicate verbally, the majority are able to express their wishes either in writing or by signs.

Nearly 90% of the very severely handicapped say, or their attendants say, that they can usually manage to attract attention if they need anything but most of the remainder qualify the answers by saying they could attract attention if there was anyone in the house, or even in the house next door, but quite often there was no one to answer.

During the day, 11% are never left alone in the house, so there is no problem about getting help if needed, but 3% say there is never anyone available during the day, and a further 2% say they have to depend on a neighbour or relative looking in.

At night, 25% have someone sleeping in the same room. Half the very severely handicapped people who live alone say they can attract their neighbours' attention by banging on walls or floors if they want anything during the night, half of the rest of these people living alone saying they never want anything during the night, the remainder saying there is no way they could attract help, except for one woman, who would use a telephone to attract help if she needed attention during the night.

Eating and drinking

Nearly 60% of the people needing special care have to have their food cut up for them, but once this is done, most of them (nearly 90%) can eat and drink without help. Just over 10%, however, have to be fed and helped to drink.

Washing, bathing, and personal toilet

(a) Using the bath

Although twenty-two per cent of the very severely handicapped can get to the bathroom, half do need someone to help them get there. Once there, almost all have to be helped in and out of the bath, and 86% have to be helped to bathe. One-third of the people having a bath rely on their spouse to help them, and one in four, mostly women, is bathed by her daughter, and 2% (mostly men) by their sons. In 11% of cases the mother bathes sons or daughters, but the 6% bathed by fathers are mostly sons. Fourteen per cent, including nearly all the bathers living alone, depend on the district nurse for help.

(b) Bed or body-wash

Of those not able to use a bath for a body-wash, 92% cannot wash themselves all over without help. One in three is bathed by a district nurse, one in three by a daughter, and one in four by a husband or wife. Parents, siblings and other relatives take care of most of the rest.

Usually a bath is used once a week, half the bath users being bathed once a week, and a quarter twice a week. About one in four has a daily body-wash where the bath is *not* used, but the most usual frequency of body-wash is, as with bathing, once a week.

(c) Washing hands and face

One in four of the very severely handicapped can get to a wash basin on her own, and one in 10 can get there if helped, but three out of five have to have the water brought to them.

Even when they get to the basin or the water is brought, two out of five cannot wash their hands and faces themselves.

(d) Shaving

Half the men cannot shave themselves; over 40% are shaved by their wives, 17% by daughters, 15% by sons and 9% by fathers. Less than 10% pay to be shaved.

(e) Dressing and toilet

Most of the very severely handicapped need help with practically all their dressing and undressing, although a sizeable minority can do some dressing themselves; there are some who never get dressed.

Half of those needing special care need help combing and brushing hair.

Using the W.C.

Half of the very severely handicapped can get to and use a W.C., but half of these can only get there if someone accompanies them. Some of these latter use appliances when no one is available to help, making nearly 60% using some substitute.

Nearly three-quarters of those not always using W.C.s use a commode, and one in six uses a bedpan. Nearly 60% of the men use a bed bottle. Others use chambers, buckets, bowls, or have drainage tubes or catheters.

Most of those using appliances need help with them more than twice a day, nearly a quarter calling for help five times a day or more often.

Help is needed less often at night, about one-third needing help practically every night, the rest less often. We were told, however, that working children limited the amount of liquid given to mothers or kept them sedated, as they could not cope with nightly disturbance.

Incontinence

While the data on questions relating to incontinence are incomplete, there is evidence that suggests that some 20% of the very severely handicapped wet their clothes and a rather higher proportion wet the bed. A slightly lower proportion soil the bed or clothes. In about half the cases, this soiling or wetting happens at least once a day.

In about one-third of the cases where there is soiling, incontinence pads are supplied free by the local authority, and others have had draw sheets supplied. However, half the protection used (plastic or rubber sheets, rubber pants, draw sheets, disposable sheets, old towels or rags) is obtained privately.

Of the 17% not using protection where soiling or wetting occurs, most were not aware that incontinence pads could be obtained free from the health department.

I understand that a few months ago you
..... [refer to postal]

If obvious that difficulty likely to apply or if estab. at
introduction, code Qn. 1 without asking

1. Are/do you still (unable to) (need help with)? Yes..... Y - on to Q.6
No..... X

No longer having any difficulty (x)

2. Could you tell me when you got better?
No. of weeks ago.....

3. And for how long before that you (had difficulty)? No. of weeks..

4. When you had difficulty (name from postal questionnaire)
what was the trouble (cause)?

5. Have you ever had (named difficulties, not cause) before this
last time? Yes..... 1] - ask (a)
No..... 2]

(a) Has your doctor told you if this (these) trouble(s) is (are)
likely to recur (as a result of your accident etc.)?

Yes, likely to recur..... 4- see note
Not likely to recur..... 5- close
interview
Doctor didn't say..... 6]
Not seen doctor..... 7] - ask (i)

If doctor didn't say/not seen (6, 7)

(i) Do you think it has cleared up for good now?

Yes, hope so..... 8- close
interview
No..... 9- see note

If likely to recur- explain we want to see
how such difficulties inconvenience people -
so we'd like to ask some questions about when
she/he did have difficulty

Omit question 6 for blind, amputees; check qn. where medical term given on postal - e.g. "Did your doctor say you have ... epilepsy?"

6. What does your doctor say is the matter with you?

Doctor doesn't say	Y]- ask (a)
Hasn't seen doctor	X	
D.N.A. Amputation	0	
D.N.A. Blind	1	
Doctor says (specify)	9	

If not seen doctor/doctor doesn't say (Y, X)

- (a) What do you think is the matter with you?

IF MORE THAN ONE COMPLAINT GIVEN in 6 or 6a

7. Which of these complaints (name them) causes the most difficulty?

QNS. 8-9 refer to main complaint

8. How long ago did this (main complaint) start causing you difficulties?

For amputees/blind - ask "How long ago did you lose your ... (leg/eyesight)?"

ONE	Within last year	0
CODE	No. of years ago	
ONLY	From birth	Y

If difficulty remembering, try to get estimate and record here _____

Check:-

- (a) That would mean you were (age) years old when your difficulty started

Yrs. old

If (disability) started causing difficulty less than a year ago .. code ... X - go on to Qn. 10

9. During the last year has there been any change in your condition? Would you say your (disability) is

RUNNING	Better now than it was a year ago	1]- ask (a)
PROMPT	Worse now	2	
	or About the same as it was a year ago?	3	

If Better/Worse (1, 2)

- (a) In what way has it got better/worse?

10. Are you taking any drugs, tablets, medicine or using ointments at present for (complaints which cause difficulty - Qn.6)?

Yes 1 ask (a)
No 2

If Yes (1)

(a) Are they prescribed by a doctor, or do you buy them yourself from the chemist?

CODE BOTH Bought from chemist 3 - ask (i)
IF APPLY Prescribed 4 - ask (ii)

If bought from chemist (3)

(i) How much do you spend a week on things which are not prescribed?

[Check - that's just for the things you use]

_____ s. _____ d.

If prescribed (4)

(ii) For the things that are prescribed, are you exempt from payment (can you claim it back), or do you have to pay for your (drugs/medicine/tablets, etc.) yourself?

Exempt/claims back 0 - on to Qn.11
Have to pay 1

I'd like to know how much it costs you a week so if you could tell me (for each item) how long your prescription lasts, I can work it out

No. if more than one	Prescription lasts	Cost of prescription		Approx cost per week
		2s.6d.	Other	
		1		
		1		
		1		
		1		

TO ALL

11. Apart from drugs and medicines, [etc.], are you having any (other) treatment:

PROMPT From your own doctor? ... 1
At a hospital? 2
Anywhere else? 3

12. Do you see your doctor regularly - I don't mean just calling for a prescription - but actually seeing him?

Yes 1 - ask (a)
No 2 - ask (b)

If seen regularly (1)

(a) How often do you see him?

ONE More than once a week 3
CODE Once a week 4
ONLY Every 2 or 3 weeks 5
Once a month/4 weeks 6
Other periods (specify) 7

GO ON TO QN.13

If not seen regularly (2)

(b) How long ago was the last time you saw him (for yourself)?

CODE FIRST Within last week 4
THAT APPLIES Within last month 6
Within last 3 months 7
Between 3 and 6 months ago 8
Between 6 and 12 months ago 9
Years ago (specify)

13. Have you paid to see a private specialist (consultant) about your (main complaint) since the National Health started?

Yes 1
No 2

14. Have you ever consulted anyone who is not a medical doctor about your (main complaint), [such as a faith healer, osteopath, chemist, etc.]?

Yes, consulted 0 - ask (a)(b)
No 1

If Yes (0)

(a) Who was it?

Faith/spirit healer 2
Osteopath/Manipulator/bonesetter 3
Homoeopath/herbalist 4
Psychologist 5
Other (specify) 6

(b) Was the visit of any help to you?

Yes helped Y
No X

INTRODUCE [We've been talking about your (disability) - but there are sometimes other things which complicate conditions].

- (a)
(b)
15. Do you regularly suffer from any other chronic illness or any condition which makes it difficult for you to get about or do your work?

Yes 1 - ask (a)
No 2

If Yes (1)

(a) What is the matter?

I'd like to ask about your eyes, next ... [code or check if observed]

16. Can (could) you recognise people you know if you were to see them across the street (wearing glasses if applicable)?

Yes, could recognise 8
No 9

17. Can you usually see to read ordinary print (show leaflet) like this, and see to write (wearing glasses if applicable)?

Yes, can see to read/write 1
Cannot read/write (illiterate) 2
No, can't see unless uses magnifier, etc. 3
No, can't see 4

- (a)(b)
18. - [Code if observed]

Can you hear ordinary conversation (with hearing aid working if applicable)?

Yes 7
No 8
Says yes, but difficulty observed 9

19. - [Use as check question if observed or unlikely]

Do you have any artificial limbs?

No 0
Yes (describe fully) 1

[State right/left - for limbs
above/below knee or elbow]

Use as check if observed

20. Can you usually get out of the house if the weather is not too bad?

Yes Y - ask (a)
No, housebound X - on to Qn.21

[Only to garden/front gate = No]

If gets out (Y)

- (a) Can you usually get out

on your own without sticks or
aids and without difficulty 0 - on to Tests
RUNNING
PROMPT on your own but only with aids
or difficulty 1 - on to Qn.22 next pg.
or can you only get out if
someone is with you? 2 - ask (i)(ii)

If cannot get out on own (2)

- (i) Who usually goes with you?

- (ii) Can you generally get someone to go with you (take you out) when you want to go?

Yes 3
No 4

If housebound (X), or not on own (2) - [Check/code if obvious]

21. But can you Get about the house (walking or wheelchair)... 1 on to Qn.22
RUNNING or Do you have to sit in a chair when you're up... 2 ask (a)
PROMPT or Can't you leave your bed? 3 ask (b) overleaf
(b) overleaf
3 ask (t) overleaf

If chairfast (2)

- (a) Can you get in and out of your chair on your own without aid, or do you have to have someone to help, or a mechanical aid?

[Sticks, etc. are counted as
mechanical aids.]

On own without aid 6
Someone to help 7
Mechanical aid 8 - ask (i) - (iii)

If has mechanical aid (8)

- (i) Could you describe it to me?

- (ii) Who was responsible for having it put in?

- (iii) How much did you have to pay towards it?

[If hired state amount and period] Nothing 0

£ _____

Qn.21 (cont'd ...)

If chairfast or bedfast (2,3)

(b) Can you get in and out of bed on your own without aid, or do you have to have someone to help, or a mechanical aid?

☐ Sticks, etc. are counted as mechanical aids.

On own without aid 6 - on to Qn.22
Someone to help 7 - see note below
Mechanical aid 8 - ask (i)-(iii)

If has mechanical aid (8)

(i) Could you describe it to me?

(ii) Who was responsible for having it put in?

(iii) How much did you have to pay towards it?

☐ If hired, state amount and period

Nothing 0

£ _____

IF PERMANENTLY BEDFAST or CHAIRFAST and cannot get about room in wheelchair GO ON TO TESTS.

For those whose only disability is non-locomotive -
e.g. Blind/epileptic (code)

X - Go on to Tests

22. Do you have any walking aids such as a stick, crutches, wheelchair or anything else?

☐ Exclude stick for blind

No aids 0 - Go on to Tests
One stick (umbrella used as stick, etc.) .. 1 - Go on to Qn.25
Two sticks 2
Walking frame/tripod, etc. 3
Wheelchair 4
Elbow crutches ... ring 1 or 2 crutches and code 5 - ask qns. 23-25 for each aid
Shoulder crutches ring 1 or 2 crutches and code 6
Calipers/built-up shoes at least 1" on sole 7
Other (describe fully) 8

CODE ALL THAT APPLY

If more than one type of aid, write in code number and ask Qns. 23-25 for each separately, working down columns		Aid 1 - code _____	Aid 2 - code _____	Aid 3 - code _____
23. Who supplied the (aid)?				
24. Is it on free loan, do you pay for hire, or did you have to buy it for yourself?				
Free loan	1 ask Q.25	1 ask Q.25	1 ask Q.25	
Pay for hire	2 ask (a)	2 ask (a)	2 ask (a)	
Bought	3 ask (b)	3 ask (b)	3 ask (b)	
Personal gift/Legacy	4 ask Q.25	4 ask Q.25	4 ask Q.25	
<u>If pay for hire (2)</u>				
(a) How much do you pay? [Amount and period]		£ s. d. per _____	£ s. d. per _____	£ s. d. per _____
<u>If bought (3)</u>				
(b) How much did it cost? (nearest shilling)		£ s.	£ s.	£ s.
25. Check or establish Do you use your aid (either about the house or if you go out)?				
No, aid not used	1 ask (a)(b)	1 ask (a)(b)	1 ask (a)(b)	
Only inside house	2 ask (b)	2 ask (b)	2 ask (b)	
Only outside house	3 ask (a)	3 ask (a)	3 ask (a)	
Both inside and outside	4	4	4	
(a) Why don't you use it inside house?				
(b) Why don't you use it outside? [If different from (a)]				
IF USES A WHEELCHAIR ASK SPECIAL WHITE SHEET, OTHERWISE ON TO TESTS				

TESTS OF MOTOR CAPACITY

1. The tests apply to all informants - even those who are bedfast may be able to do some actions if not others.

Even where you would expect to find no difficulty, you should ask the informant to do the tests, using some introduction on the lines shown in interviewers instructions.

2. If any actions are observed , e.g. walking, sitting on armless chair, etc. code without asking.
3. The order of the test could be varied - provided every item is eventually completed.
4. [Suggested Introduction]

I WOULD LIKE TO ASK YOU TO DO A FEW SIMPLE MOVEMENTS FOR ME. THEY ARE THE MOVEMENTS MOST USED IN EVERYDAY LIFE AND HAVE BEEN DESIGNED TO TELL US HOW PEOPLE MANAGE TO DO THINGS LIKE PICKING UP AND GRASPING OBJECTS AND PUTTING THINGS UP ONTO SHELVES. I'LL SHOW YOU WHAT I WANT YOU TO DO AS WE GO ALONG.

ON NO ACCOUNT ATTEMPT TO DO ANYTHING YOUR DOCTOR HAS TOLD YOU NOT TO DO OR YOU FEEL WOULD BE HARMFUL. PLEASE LET ME KNOW IF ANY OF THESE MOVEMENTS CAUSE YOU ANY PAIN OR DISCOMFORT.

The introduction to the tests will need to vary according to the condition of the informant. (Examples are given in interviewers instructions).

5. Put down the score immediately after every single movement.
6. If the whole test refused
(a) Reason for refusal

(b) Note (from observation) any indication that the informant would have had difficulty performing any item, or could do it easily.

7. If no armless chair available, ask subject to avoid using arms, and note type of chair used.

TESTS OF MOTOR CAPACITY

NOTES FOR SCORING TESTS OF MOTOR CAPACITY

NO PERSONAL ASSISTANCE SHOULD BE GIVEN IN PERFORMANCE OF TESTS (E.G. TEST OBJECTS SHOULD NOT BE PLACED IN SUBJECT'S HANDS, NOR SHOULD HELP BE GIVEN TO GET OUT OF A CHAIR)

SCORE 0 FOR ANY ACTIONS PERFORMED -

- a) IN LESS THAN ABOUT 15 SECONDS EACH HAND - UNLESS OTHER STATED (EXCEPT FOR WALKING 12 PACES ALLOW ABOUT 60 SECONDS)
- b) WITHOUT HELP OF OBJECT (E.G. STICK, WALKING FRAME, CALIPERS, HAND RAIL, ARTIFICIAL LIMB)
- c) WITHOUT EXPRESSED PAIN, PANTING OR SWAYING
- d) WITHOUT ANY ABNORMAL COMPENSATORY MOVEMENT(S), PARTICULARLY AS SPECIFIED IN EACH TEST

SCORE 1 FOR ANY ACTIONS PERFORMED -

- a) IN ABOUT 15-60 SECONDS (EXCEPT FOR WALKING 12 PACES ALLOW FROM 1 UP TO ABOUT 3 MINUTES)
- b) WITH HELP OF OBJECT (E.G. ARM SUPPORTED BY FLAT SURFACE, ARTIFICIAL LIMB, HAND RAIL, WALKING FRAME, CALIPERS, STICK)
- c) WITH EXPRESSED PAIN WITH ABNORMAL COMPENSATORY MOVEMENTS (I.E. IN A WAY QUITE DIFFERENT TO THE DEMONSTRATION) PARTICULARLY AS SPECIFIED IN EACH TEST, SWAYING, OR PANTING INDUCED BY ANY ACTION.

SCORE 2 FOR ANY ACTIONS WHICH

- a) ARE NOT UNDERTAKEN BECAUSE OF MEDICAL ADVICE
- b) ARE NOT UNDERTAKEN BECAUSE SUBJECT DOES NOT FEEL CAPABLE
- c) ARE NOT UNDERTAKEN BECAUSE FAILURE OF PRIOR TEST EXCLUDES SUBJECT FROM TRYING
- d) ARE NOT COMPLETED IN THEIR ENTIRETY
- e) ARE PERFORMED IN MORE THAN ABOUT 60 SECONDS (OR MORE THAN ABOUT 3 MINUTES FOR WALKING 12 PACES)

IF SOME ITEMS ONLY REFUSED:

- a) BECAUSE INFORMANT SAYS DOCTOR FORBIDS, OR CANNOT PERFORM - ENTER SCORE 2. BUT CODE X, NOT OBSERVED.
- b) BECAUSE INFORMANT DOES NOT AGREE TO AN INDIVIDUAL TEST ("Silly, can't you take my word", etc.) - CODE REFUSED - "Y".

UPPER EXTREMITY FUNCTION TEST

For any item refused insert code
Y, or if not observed insert code
X as well as score 2.

Check - are you normally Right handed Y
Left handed X
Ambidextrous 0

FUNCTION	Scores	
	Right	Left
A. HAND REACH, GRASP AND RELEASE 1. Grasp weighted plastic tumbler, using thumb and at least two fingers, raise to mouth level from flat surface, the head remaining in usual position and hand held steady. Put down tumbler on surface.		
B. WRIST, FOREARM AND ELBOW MOVEMENTS 2. Take tumbler in hand in the most comfortable way, turn to right side so that rim touches flat surface, turn to left side so that rim touches flat surface, using wrist, forearm and elbow only. (if obvious shoulder movement used to complete test, score 1).		
C. PINCH AND FINGER DEXTERITY 3. Pick up pen which has tip pointing towards opposite hand, using thumb and at least one finger. Transfer in hand to writing position, between thumb and first finger present, or between first and second fingers. Put down again.		
D. MANIPULATION WITH BOTH HANDS [allow up to 30 secs. for score 0] 4. Pick up and put together large nut and bolt, screw 1" up, unscrew. Both hands should be used. (if only one hand can be used score 1). 5. Pick up and put together small nut and bolt, screw 1" up, unscrew. Both hands should be used. (if only one hand can be used score 1).		
E. ARM REACH MOVEMENTS (EACH ARM SEPARATELY) Start with hands in lap in each case. For 6-9, bend in elbow up to 160° is acceptable for score 0. 6. Lower hand directly downwards with arm fully extended. 7. Raise hand directly above head, with arm fully extended. 8. Raise hand to shoulder height, with arm fully extended frontwards, so that hand is level with shoulder. 9. Raise hand to shoulder height, with arm fully extended sideways, so that hand is level with shoulder. 10. Touch back of head at nape of neck with hand, keeping head in normal position.		
F. MUSCLE STRENGTH Lift 1½ -1b weight from flat surface - 11. to shoulder height (frontwards or sideways), with elbow either flexed or straight, not moving head or body. (Score 1 if head or body movement essential to complete test). 12. from shoulder height, lift weight above head height, with arm either flexed or extended, (frontwards or sideways), not moving head or body. (Score 1 if head or body movement essential to complete test). Lift 5-lb. weight from flat surface - as above. 13. to shoulder height, 14. from shoulder height.		
TOTAL UPPER EXTREMITY SCORE		

For any item refused insert code Y, or if not observed insert code X as well as score 2.

LOWER EXTREMITY FUNCTION TEST

FUNCTION	SCORE
<p>G. <u>STANDING</u></p> <p>1. Stand up from sitting position in armless chair. (If seat or any other part of chair is used as a lever, or if an artificial leg is worn, score 1). Recommended height of chair between 16" - 18".</p>	
<p>H. <u>WALKING</u></p> <p>2. Walk 2 steps (i.e. about 4 feet).</p> <p>3. Walk 12 steps (6 steps, turn and another 6 steps).</p> <p>(Score 1 if shoes built up 1" or more at the sole, if gait is uneven or body movement excessive, or if an artificial limb, crutches or other walking aid is used).</p>	
<p>J. <u>STEPPING UP AND DOWN</u></p> <p>No step available 9 - ask (a)</p> <p>4. Mount a step 6" high from floor level, turn</p> <p>5. Descend from a step 6" above floor level.</p> <p>(The procedure can be reversed if available step is below floor level).</p> <p>(Score 1 if stair-rail, crutch, stick, artificial limb or any other support is used to complete test. Also if excessive movement of trunk used to complete test).</p> <p><u>If no step available (9)</u></p> <p>(a) Could you go up one stair, or step up a kerb</p> <p>on your own without any difficulty or using a rail or other aids 0</p> <p>RUNNING or could you do it on your own only with difficulty or using an aid 1</p> <p>PROMPT or couldn't you climb a stair on your own at all? 2</p>	
<p>K. <u>BENDING AND SITTING</u></p> <p>6. From a standing position reach down to touch floor (anywhere) with finger-tips, using either hand and bending both knees. (If test can only be done with straight knee score 1).</p> <p>7. Sit down from standing position in armless chair. (If an artificial leg is worn, or any other aid to sitting down is used, including the arm of a chair if only an armchair is available, score 1). Recommended height of chair between 16" - 18"</p> <p>8. From a sitting position reach down to touch floor (anywhere) with fingertips using either hand. (Score 1 if support of object is needed, e.g. stick or chair arm). (N.B. A pick-up gadget is not permitted).</p>	
TOTAL SCORE FOR LOWER EXTREMITY FUNCTION	
COMBINED SCORE FOR UPPER AND LOWER EXTREMITY FUNCTION	

Qn.L. Could you go up a flight of stairs

on your own without any difficulty or using a rail or other aids 0

RUNNING or could you do it on your own only with difficulty or using an aid 1

PROMPT or couldn't you climb a flight of stairs on your own at all? 2

If BLIND only, no score on test X - on to
next
section

Qn.M Some people feel better as the day goes on - others feel worse.
Would you have found it *easier or harder to do the things you've
just done if I'd come at a different time, or doesn't it make
any difference? Say I'd come

a) in the morning?	D.N.A. (tested in morning)	Y
	Easier in the morning	X
	Harder	0
	About the same	1
b) in the afternoon? [roughly 1-5 pm]	D.N.A. (tested in afternoon)	2
	Easier in afternoon	3
	Harder	4
	About the same	5
c) in the evening? [after 5 pm]	D.N.A. (tested in evening)	6
	Easier in the evening	7
	Harder	8
	About the same	9

* if most things done with ease - omit "easier"
if most things impossible omit "harder".

Qn.N Some people have disabilities where they have good days or bad
days, or good and bad spells.

Does your (disability) work like this, or is it much the same all
the time?

	Much the same all the time	0
code both if apply	[Has good/bad days	1]
	Has good/bad spells	2]

- ask (a)

If has good/bad days or spells (1, 2)

(a) Is today one of your good days or a bad day? -	Good day	2
	Bad day	3

IF PERMANENTLY BEDFAST/CHAIRBOUND or NEEDS A LOT OF HELP go on to special questionnaire.

Others: IF SCORE ON TEST IS "0" - go on to Qn. 29 page 17, but code here 0
 " " " " for Upper Extremities only is "0" - introduce and ask items 1-4, inclusive... Y
 " " " " for Lower Extremities only is "0" - " " " " 3-9 " ... X
 If Scores at least "1" on both extremities - introduce and ask all items,

SELF-CARE: INTRODUCE:-

I noticed you had some difficulty [with one or two items] - which might make it difficult for you to do some things for yourself. May I just check?

26. Do you generally have difficulty in		IF DIFFICULTY (1) ask (a), (b) and (c)							
		No difficulty Difficulty		(a) Can you do it on your own even with difficulty		(b) Do you usually have someone (coming in) to help you with it?		(c) Do you use any special aids or gadgets to help	
				Yes	No	No	Someone in h/d (specify)	Someone outside h/d (specify)	Yes
CODE									
(1) Getting in and out of bed on your own	0 1		2 3		5				8 9
(2) Getting to or using the toilet	0 1		2 3		5				8 9
(3) Having a bath DNA - No bath	0 1 X		2 3		5				8 9
a) Having an all over wash?	0 1		2 3		5				8 9
b) Washing your hands and face?	0 1		2 3		5				8 9
(4) Putting on shoes and socks or stockings yourself	0 1		2 3		5				8 9
(5) Doing up buttons and zips yourself	0 1		2 3		5				8 9
(6) Dressing, other than buttons and shoes	0 1		2 3		5				8 9
(7) Feeding yourself	0 1		2 3		5				8 9
(8) Combing and brushing your hair	0 1		2 3		5				8 9
DNA Women	X								
(9) MEN ONLY shaving yourself	0 1		2 3		5				8 9

For any special aid used in (c)

Record Code	(i) Describe aid	(ii) Who supplied/did it? Was responsible for having it done/lending, giving it	(iii) Was it free? If not specify cost: If per session don't forget FREE to state session
			0
			0
			0
			0
			0

27. May we talk about the Welfare Services?

Have you ever heard of the Local Authority Register of Handicapped Persons?

[If asked is this run by Min. of Labour, say, "No"]

Yes..... 1 - ask (a)
No..... 0
Don't know/not sure..... X] on to Q.28

If Yes (1)

(a) Do you know what sort of people this register is for?

No..... 1
Yes (specify)..... 2

If any indication they think it is ONLY for workers, or people who can't work, say, - "No, that's the Industrial Register" - and go on to Q.28.

(b) Are you yourself on this register (with this Authority)?

Yes, registered..... 3 - ask (i) - (iii)
No, not registered..... 4 - ask (iv) next page

If registered (3)

(i) For how long have you been registered? ____ yrs. ____ mths
[Months required only if less than 2 years]

(ii) What benefit has it been to you?

None..... 0

(iii) Is this -

PROMPT AS
APPLICABLE

More than you expected?..... 1
What you expected?..... 2] on to Q.29
or did you expect them to do more?..... 3 - ask (A)

If expected more (3)

(A) What did you expect?

ON TO QN. 29

Qn. 27 (Contd. ...)

If not registered (4)

(iv) Is this because you don't consider yourself to be handicapped or is there some other reason?

Don't consider handicapped 1
Other reason (specify) 2

ON TO QN. 29.

TO THOSE NOT KNOWING ABOUT REGISTER, or confusing with M.O.L.

INTRODUCE: All local authorities must keep a register of handicapped people, and help them where they can.

28. If you had known about this register, would you have registered with them?

Yes 1
No 2 - ask (a)

If No (2)

(a) Is this because you don't consider yourself to be handicapped or is there some other reason?

Don't consider handicapped 3
Other reason (specify) 4

TO ALL

29. Do you have any of these come to visit or help you now? (at present - exclude breaks like home help ill, etc.)

	No	Yes	If Yes
a) Home help	0	1	How many hours a week? _____
b) Meals on Wheels	0	2	How many meals a week? _____
c) District nurse/male nurse	0	3	How often does she come? _____ _____
d) Health visitor	0	4	
e) Social worker	0	5	
f) Occupational therapist	0	6	
g) Physiotherapist	0	7	
h) Chiropody	0	8	How often do you have your feet done? _____
i) Any other health/welfare services? (specify)	0	9	

30. Since you've had (disability) have you ever applied to the Authorities, or a welfare association for any help, which they did not provide?

Yes..... 1 - ask (a)-(d)
No..... 0

If Yes (1)

(a) To whom did you apply?

(b) What help did you want?

(c) Do you know why they did not help you?

(d) How long ago was that?

_____ yrs. _____ mths.

31. Do you think any of the health and welfare services I have just mentioned should do more to help you personally - or do you think they do enough?

Should do more..... 0 - ask (a)
Do enough..... 1
Don't know..... X

If should do more (0)

(a) What more ought to be done (and by whom) to help you personally?

Could we talk about how you pass the time (when you are not working)?

32. Do you listen to the radio?

☐ Check if doesn't listen whether has one

Yes, listens..... 0
Doesn't listen, but has radio..... 1
Doesn't listen, has no radio..... 2

33. Do you watch television?

D.N.A. Blind..... X
No T.V. set..... 0
Yes, watch..... 1
T.V., but doesn't view..... 2

If permanently Bedfast or housebound - code and go on to Qn.38... X
 If at this stage you know informant is working - code and go
 on to Qn. 35... Y

34. Is there a Local Authority Centre for the Physically
 Handicapped you could get to if you wanted to go? - I
 don't just mean a social club.

Yes..... Y - ask (a)
 Never heard of one/Don't know..... X - on to
 Know of one, can't get there..... 0 - Q.35 next
 "Not physically handicapped"..... 1 - page

If Yes (Y)

(a) Do you go to the Centre?

Yes, go to Centre..... 3 - ask (i)(ii)
 No..... 4 - ask (iii)

If Yes (goes to centre) (3)

(i) What do you do there?

(ii) How do you get there? [If nec. check who provides transport]

ONE Transport provided by L.A..... 1
 CODE Private transport..... 2
 ONLY Public transport..... 3 } ask (A)
 Walk/Wheelchair..... 4

If public transport, walk/wheelchair (3, 4)

(A) Would you find it easier if the Local
 Authority were to supply transport to get
 you there and back?

Yes..... 5 go on
 No..... 6 to
 Other answers (specify)..... 7 Qn. 35

If does not go to Centre (4)

(iii) Is this because you are not physically handicapped,
 or is there some other reason?

Not physically handicapped... 0
 Other reason..... 1 - ask (a)

If other reason (1)

(a) Why don't you go there?

35. Do you go to any Clubs nowadays?

Yes..... A - ask (a)
No..... 0 - ask (b)

If Yes (A)

(a) What sort of clubs?

	Old people/Silver Thread/D & J/etc.....	1
	Working mens/social/bingo.....	2
	Womens Institute, Towns Womens Guild/Co-op..	3
	Church club (not CAP).....	4
CODE	Freemasons/ Toc H/Brit. Legion, etc.....	5
ALL	Sports (Tennis/bowls/billiards/etc.).....	6
THAT	Disabled/Handicapped/blind... ..	7
APPLY	Youth Clubs.....	8
	Others (specify).....	9

If No (0)

(b) Is this because of your (disability) or are there other reasons?

Because of disability..... Y
Other reasons..... X

36. Is there anywhere you'd like to go, but can't simply because of your(disability)?
[probe fully]

No, nowhere..... 0 - on to
Qn. 38

37. Is this because your (disability) makes it hard for you to get there, or because once you're there, you can't get in?

CODE BOTH IF	Hard to get there.....	1
APPLICABLE	Can't get in.....	2

TO ALL

38. When did you last have a holiday (spend at least a week away from home for pleasure)?

(Approx.) Within last year..... 0
No. of years ago.....
Too long ago to remember..... Y - ask (b)

If 3 years ago or less

(a) Did you or your family arrange for your last holiday or was it arranged for you by the local authority or another organisation?

Self or family..... 1
Organisation (specify)..... 2

[Ask if holiday enjoyed - no need to record answer].

GO ON TO QN. 39

If more than 3 years ago

(b) Has anybody offered you a holiday in the last 2 years?

Yes..... 1 ask (i)(ii)
No..... 2 ask (iii)

If offered holiday (1)

(i) Who offered to arrange a holiday for you?
[Name of organisation]

(ii) Why didn't you go?

GO ON TO QN. 39

If not offered holiday (2)

(iii) Would you like to go away anywhere for a holiday or a break?

Yes..... 1 ask A
No..... 2 ask B

If yes (1)

(A) What stops you?

If No (2)

(B) Why don't you want to go?

39. Do you have any (other) hobbies now?

No..... 4
Yes..... 5 - ask (a)

If Yes (5)

(a) What are your hobbies?

40. (Apart from hobbies mentioned) how else do you pass your time (when you're not working)?

No spare time..... 0
Nothing else..... X

41. Have you had to give up anything you liked doing (in your spare time) because of your (disability)?

No..... 0
Yes (specify)..... Y

If Blind, Permanently bedfast or housebound -

go on to next section, and code Y

We've been talking about getting about -

42. Do you yourself have a motor vehicle of any kind, which you drive?

Have and drive X on to Q.43
Have, but doesn't drive 0] ask (a)
No vehicle 1

If has but doesn't drive, or no vehicle (0,1)

(a) Does anyone else (living here) have a motor vehicle
which you (could drive, or) are taken out in regularly?

Yes, can drive 2] ask (i)
Yes, taken out 3
No 4 - ask (ii)

If Yes, can drive or taken out (2,3)

(i) Whose vehicle is it? (relationship to subject)

Husband/wife 5] on to Q.43
Child/Parent/Sibling 6 if uses.
Friend/boarder 7 On to next
section if
taken out

If No (4)

(ii) Can you generally get a lift if you want to go anywhere?

Yes, generally Y] On to next
No X section

To all who have and drive a motor vehicle

43. Check or ask what sort of vehicle it is? Is it a

PROMPT AS NECESSARY

Invalid tricycle Y - on to Q.45
Saloon/sports car X
Estate car/van 0
Motor bike/scooter 1
Other (specify) 2

44. Is it a standard model, or has it been adapted because
of your (disability)?

Standard model 4
Adapted 5 - ask (a)

If adapted (5)

(a) Who paid for adapting it?

Self or relative/friend 6
Employer 7
Ministry of Health/Scottish
Home and Health 8
Other (specify) 9

45. Do you have a disabled driver's car badge?

Yes 1
No 2 - ask (a)

If no badge (2)

(a) Is this because you haven't applied for one, or
because you have applied and been refused?

Haven't applied 3
Been refused 4
Other (specify) 5

ON TO NEXT SECTION UNLESS HAS
INVALID TRICYCLE - WHEN ASK
NEXT PAGE

IF INVALID TRICYCLE

46. Is your tricycle petrol driven, or electrically powered?

Petrol	1
Electrically powered	2

47. What is the longest journey you have done in your tricycle on any one day?

No. of miles

48. Have you ever been inconvenienced by not having a machine while your own tricycle was being repaired or maintained?

Yes 1 - ask (a)
(b)
No 2

If Yes (1)

- (a) For how long were you without a tricycle?

- (b) Why were you not lent another tricycle?

49. Do you find there are any drawbacks because it is only a one-seater?

No	Y
Yes (specify drawbacks)	X

50. Do you find there are any advantages because it's only a one-seater?

No	4
Yes (specify advantages)	5

INTRODUCE - I'd like to go on now to ask you something about the work you have done - but since education and training is tied up with this, can you tell me

51. How old were you when you left school (educational establishment) (completed full-time education)?

Never went to school YY - ask (a)
Left school aged
Still at school/university 99 - on to next section

If never went to school (YY)

- (a) Why was that? [If private tutor back-code Qn.51 as age completed full-time education]

52. Did you get any recognised certificates, qualifications or articles?

Yes X - ask (a)
No 0

If Yes (X)

- (a) What was the highest level at which you qualified?

	University Degree/medical/vet./dental qualns.	1
	Full membership of prof. inst. (incl. law, architecture, engineer)	2
	Diploma Technology/Humanities	3
	Teacher's Training/Cert. of Education	4
	S.R.N., S.C.M., Social Workers	5
	HND/HNC - (Higher National Dip. or Cert.)	6
	"A" level - university entrance	7
	OND/ONC (Ordinary National Dip. or Cert.)	8
	"O" level - General Schools, Matric.	9
	City and Guilds	10
	R.S.A. or Commercial Certs.	11
	Others (describe)	12

53. Did you complete a formal apprenticeship, lasting at least 3 years, in any trade?

Yes, formal apprenticeship 1
No, no formal 2

54. Have you had any (other) training/experience on the job, or in the Forces, or in a Training Centre for a skilled or semi-skilled trade?

Yes 4
No 5

55. Code from questions 52-54

Has qualifications/training Y
No qualifications/training X
and transfer to Qn.80 page 32

56. Are you at present doing any work for which you are paid (any number of hours)?

Working 1 - go on to Qn.77
Not working..... 2 - ask (a)

If not working (2)

(a) Why is this?

Retired (incl. permanently disabled over retirement age) 3-ask Qn.57
Housewife 4-on to Qn.63
Off sick temporarily/temp. disabled 5-on to Qn.67
Unemployed (can work if job available) 6-on to Qn.72
Permanently disabled/unable to work again 7-ask Qn.57

PROMPT AS
NECESSARY

IF RETIRED/PERMANENTLY DISABLED

57. How old were you when you gave up work altogether?

Never worked 0-ask Qn.60

Yrs. _____

Check back to Qn. 8a If disabled after retirement go on to Qn. 91 next section - otherwise ask Qn.58.

58. What job were you doing then (when you gave up altogether)?

[Probe as usual on OCCUPATION]

59. Was this the sort of work you had been doing most of your life?

Yes, same sort of work 1
Did many different jobs 2
No 3 - ask (a)

If No (3)

(a) Did your (disability) have anything to do with your changing your usual sort of work?

Yes, due to disability Y
No, other reason X

60. Did your (disability) have anything to do with your giving up work altogether when you did (never having worked)?

Yes 1 - ask (a)
(b)
No 2

If Yes (1)

(a) Can you tell me why? Was it because there were (would be) difficulties:

PROMPT i) Actually getting to your work place? 3
ii) Doing the work itself? 4
iii) Having to work the number of hours they wanted you to? 5
add - iv) Any other reason for giving up altogether (not working)? 6
(specify)

Omit for those never worked X

(b) At what age would you have retired if you had your choice?

After retirement age age 1
Until retirement age 2
Indefinitely, as long as possible 3
Other answers (specify) 4

61. Have you ever been registered as disabled with the Ministry of Labour for employment purposes?

Yes, registered 1 - ask (a)
No, not registered 2

If Yes, registered (1)

(a) Has this helped in any way?

Yes, helped 3 - ask (1)
No 4

If Yes, helped (3)

(i) How has it helped?

Permanently Bedfast/Housebound/or over retirement age - on to next section, others ask Qn.62.

IF PERMANENTLY DISABLED AND UNDER RETIREMENT AGE

62. Would you be willing, subject to your doctor's agreement, to take a job in a sheltered workshop if it were available?

Yes Y ask (a)
No X ask (b)

If Yes (Y)

- (a) If you are really keen, I might be able to arrange for someone from the Ministry of Labour to call and see you about it. Would you like me to try, or would you rather think about it a bit more?

Like someone to call 1 go on to next
Think about it 2 section

If No (X)

- (b) Why is that?

GO ON TO NEXT SECTION

IF HOUSEWIFE

63. How old were you when you gave up work to become a housewife?
[last occasion]

Never worked 0 - ask (a)

Yrs. _____

Check back to Qn. 8a - if disabled after giving up work ask Qn.64
- if disabled before/same time as giving up work ask Qn.65

If Never worked (0) - ask, or code if obvious

- (a) Was this because of your present (disability) or were there other reasons?

Disability Y over 60
end
section,
under 60,
ask Qn.64
Other reasons X

64. You say you last worked (quote from Qn.63) (never worked). Has your (disability) stopped you from going back to work (starting work) since then?

Yes 1 ask (a) -
next page
No 2 on to next
section

Qn. 64 (Contd. ...)

If would have returned to work (1)

(a) What stopped you? Would your (disability) have made it difficult for you to

PROMPT -	i) get to your workplace?	3] If over 60, end section. If under 60, ask Qn.66
	ii) do the actual work you were used to?	4	
CODE ALL	iii) work the number of hours an employer would want?	5	
THAT APPLY	add iv) or for some other reason, connected with your (disability)?	6	

(specify)

If disabled before giving up work

65. Did your present (disability) cause you to give up work when you did?

Yes 1 ask (a)
No 2

If Yes (1)

(a) What job were you doing then [occupation]?

IF NOW 60 OR OVER - END SECTION

If bedfast/housebound/too disabled to work ... code 'No' to Qn.66

Otherwise ask

66. Would you be interested in getting a job again now?

Yes, interested 1 - ask (a)
No, not immediately 2 - on to next section

If interested in getting a job (1)

(a) Have you tried to get a job? Yes tried 3 - ask (i)
No, not tried 4 - ask (ii)

If Yes, tried (3)

(i) Why do you think you haven't been successful?

ON TO NEXT SECTION

If Not tried (4)

(ii) Why haven't you tried?

ON TO NEXT SECTION

IF OFF SICK TEMPORARILY

67. Are you off sick now because of your (name disability),
or for some other reason?

Disability 1
Other reason 2 - on to
Qn.70

68. How long have you been off sick [this time]?

Less than 1 week 0

_____ yrs. _____ mths. _____ wks.

[weeks only required if less than 3 months
months only " " " " 3 years]

69. When do you expect to be able to start work again?

70. Are you paid anything by your employer while off sick?

Yes, paid by employer 1 - on to Qn.77
No, unpaid 2

If Sick (unpaid)

71. When you start working again, will you be
going back to the same firm?

Yes, same firm 3 - ask(a)
No, different firm 4 - on to
Don't know/expect to 5 - Qn.76

If yes, same firm (3)

- (a) Will you be going back to the same kind of
work?

Yes 7 - on to Qn.77
No 8 - ask (i)

If not going back to same kind of work (8)

- (i) Why will you be changing the sort of work?

ON TO QN.77

TO ALL WORKING, OFF SICK OR UNEMPLOYED

[If unemployed, ask of last job]

77. How many hours a week do (did) you work? [paid for]

hrs. _____

78. Who do you work for? - Are you:-

	Self-employed	0
in Ordinary employment-	Civil Servant	1
	Local Authority	2
PROMPT AS	Nationalised Industry/Hospitals	3
NECESSARY	Private Co. or employer	4
in Sheltered employment-	Remploy	5
	Local Authority	6
	Blind Association	7
	Voluntary Associations	8
	Others (specify)	9

79. What is your actual job? [Probe as usual on OCCUPATION]

80. CHECK BACK TO QN.55 - If Code Y - some qualification ask Qn.81
If Code X - no qualification ask Qn.83

INTRODUCE - You mention you have (quote qualifications)

81. Are you using any of your qualifications/training in your present job (last job if not now working)?

Yes, using (some) qualns./training 1 - ask (a)
No, not using any qualns./training 2

If using (1)

(a) Have you ever had a full-time job where you have NOT used any of your qualifications (training)?

Yes 3
No 4 - on to Qn.83

82. What made you take a job where you weren't using your qualifications (training)?

83. Have you ever had difficulty getting a job because of your (disability)?

Yes 1
No 2
Never tried/not because of disability 3

84. Talking about work in general, not any particular job. Does your (disability) limit or affect

a) The number of hours you can work? Yes Y
No X
b) The distance you can travel to work? Yes 1
No 2
c) The choice of joining a pension scheme? Yes 4
No 5
D.K. 6
d) The choice of jobs if you wanted a change? Yes 7
No 8
D.K. 9

85. Are there any (other) disadvantages with regard to working arising from your (disability)?

No Y
Yes (specify) X

UNEMPLOYED GO ON TO NEXT SECTION

To all Employed or Temporarily sick

86. How long does it take you to get to work from where you live?

Works at home/no journey 0 - on to next section
Varies/work not in same place 1
Takes less than 5 minutes 4
Takes this number of minutes

87. How do you usually get to work? (usual means of transport)

SINGLE CODE [Walk only (no other transport) 1
Wheelchair only (no other transport) 2
Bicycle/pedal car 3
Motor cycle/scooter, etc. 4
Private car/van etc. as driver 5
Private car/van etc. as passenger 6
Public transport 7
Firm's transport 8
Invalid tricycle 9
Other (specify) 0

CODE ALL THAT APPLY.

88. Do you have any particular difficulties getting to work because of your (disability)?

Yes Y - ask (a)
No X

If Yes (Y)

(a) What is (are) the difficulty(s)?

89. You get to work by (method Qn.87) - is there some other means of transport you would rather use, but can't because of your (disability)?

Yes Y - ask (a)(b)
No X

If Yes (Y)

(a) What form of transport would you like to use?

Car 0
Bus 1
Train 2
Other (specify) 3

(b) Why can't you use it?

90. How much a week does it cost you to travel to work?

Nil 0

_____ sh. per week

Check this is actual cost to informant
- i.e. any refunds or subsidies from
employers are deducted

Can I just ask you about any household chores you might do -

91. Who does most of the household chores, I mean housework, shopping and cooking?
- | | | |
|---------------------------------------|---|-------------|
| [If "shared" treat as 'other person'] | Self does most [at least 2 items] | 1 |
| | Other person, (specify) | 2 - ask (a) |

If other person (2)

- (a) Is this because of your (disability), or would (other person) be doing it anyway?
- | | |
|-----------------------------|---------------------------|
| Because of disability | 3 |
| Would do it anyway | 4 - go on to next section |

Introduce - I'd like to ask about cooking, shopping, housework and laundry arrangements. Can we start with cooking -

92. Do you do any of the cooking?
- | | |
|-----------|-------------|
| Yes | Y - ask (b) |
| No | X - ask (a) |

If No (X)

- (a) Is this because of your (disability) or would someone else be doing it anyway?
- | | | |
|-----------------------------|---|---------------|
| Disability | 1 |] on to Qn.98 |
| Someone else would do | 2 | |

If Yes (Y)

- (b) Do you do
- | | | |
|----------------|----------------------------------|---|
| | all or most of the cooking | 3 |
| RUNNING PROMPT | about half | 4 |
| | or only a little cooking?..... | 5 |

Introduce - There are some things connected with cooking that other people have said they find difficult. I've got a list here.

93. Does your (... disability ...) make it hard for you to

- | | | | |
|-------------------------|---|--------------|-------------------------------|
| INDIVIDUAL
PROMPT | Open tins/cans | 1 |] IF any coded see note below |
| | Open screw top bottles | 2 | |
| | Turn on water taps/cooker | 3 | |
| | Cut things up | 4 | |
| | Beat eggs, stir or mix things | 5 | |
| | Lift pans from top of stove or oven | 6 | |
| | Bend down to oven | 7 | |
| | Stand to prepare food or at cooker | 8 | |
| | Reach up to shelves | 9 | |
| | Peel, scrape, or prepare vegetables | 10 | |
| | Anything else you find difficult when cooking (specify) | 11 | |
| Nothing difficult | 0 | -on to Qn.96 | |

If any difficulty, and does most or half cooking - go on to Qn.95
If any difficulty, and does only a little cooking - ask Qn.94

94. Could you get yourself a snack meal, say boil an egg, or heat a tin of soup, or something like that, if you had to?

Yes (with or without difficulty) ... 1
No 2 - ask (a)

If No (2)

- (a) Could you get yourself a cup of tea or coffee, even though it might be difficult?

Yes 3
No 4

95. Are there times when you have to do without a proper meal because you can't get it yourself, and there is no-one else to get it for you?

Yes 5 - ask (a)
No 6

If Yes (5)

- (a) Does this happen Very often, say 2 or 3 times a week 2
 RUNNING Quite often, say once a week 1
 PROMPT Less often than that?(specify) 0

TO ALL

96. Do you have any gadgets specially designed to help with preparation of food?

Yes 1 - ask (a)
No 2

If Yes (1)

- (a) What are they?

97. Have any alterations or additions been made to the furniture, fittings or layout of the kitchen to make it easier for you to manage with your (disability)?

Yes 1 - ask (a)
No 2

If Yes (1)

- (a) What has been done?

98. Do you do any of the household shopping? Yes 1 - ask (b)
No 2 - ask (a)

If No (2)

- (a) Is this because of your (disability) or would someone else be doing it anyway?

Disability 3
Someone else would do 4] - go on to Qn.101

If Yes (5)

- (b) Do you do

RUNNING
PROMPT

All or most of the shopping 6
About half the shopping 7
or Only a little shopping?..... 8

99. Do you have any difficulty

INDIVIDUAL
PROMPT

- a) Carrying the shopping? No 1
Yes 2
b) Walking or getting to and from shops? No 3
Yes 4
c) Any difficulties other than carrying and getting to shops? No 5
If Yes (specify)

100. There are some things which help people with shopping

INDIVIDUAL
PROMPT

- a) Do you use a basket on wheels? Yes Y
No X
b) Do you have a refrigerator? Yes 1
No 2
c) Do you have any tradesmen (apart from the milkman) delivering, or travelling shops? Yes 3 - ask (a)
No 4

If delivered or travelling shops (3)

- (a) Do you get Most of your household shopping delivered 5
RUNNING About half of it 6
PROMPT or Only a few items delivered? 7

101. Do you do

- | | | | | |
|-------|------|--|---|--------------|
| | i) | all the washing yourself [here or at laundrette]? | 1 | |
| CODE | ii) | some of the washing yourself [here or at laundrette]? | 2 | - ask (a) |
| ALL | iii) | do you send it all to the laundry? | 3 | |
| THAT | iv) | do you send some of it to the laundry? | 4 | - ask (b) |
| APPLY | v) | does someone else do any of your washing for you [including laundrette]? | 5 | - ask (c)(d) |

If does any washing (1,2)

(a) Do you have difficulty when you are doing the washing because of your (disability)?

[Include difficulty carrying to laundrette]	Yes, some difficulty	7
	No	8

If does all, on to Qn.102
If some only - ask (b) or (c)

If sends to laundry (3, 4)

(b) Do you send to the laundry because of your (disability), or would you send it to the laundry (they do it) anyway?

Sends any/more because of disability	7 - ask (1)
Would send anyway	8

If any or more sent because of disability (7)

(i) How much extra do you have to spend on laundry because of your (disability)?

Check this is extra (per week) _____ s. _____ d.

If all washing sent to laundry - on to Qn.103

If someone else does any (all) (5)

(c) Who does it?

(d) Is this because of your (disability), or would (person) be doing it anyway?

Because of disability	1
Would do it anyway	2

If all washing done by other person - on to Qn.103

102. Do you have any of the following things to help with the washing?

- | | | | |
|------------|---------|---|---|
| | (i) | An electric iron | 4 |
| INDIVIDUAL | (ii) | A washing machine | 5 |
| PROMPT | (iii) | Spin/tumbler drier or electric drying cabinet | 6 |
| CODE ALL | or (iv) | Use a laundrette? | 7 |
| THAT APPLY | | None of the above | 9 |

103. Do you do any of the housework?

Yes 1 ask (a)
No 2 ask (b)

If Yes (1)

(a) Do you do

RUNNING
PROMPT

all or most of the housework 4
about half the housework 5
or only a little housework?..... 6

-ask Qn.104

If No (2)

(b) Is this because of your (disability) or would
someone else do it anyway?

Disability 8-ask (i)(ii)
Someone else would do it 9-on to next
page

If disability (8)

(i) Who does it?

(ii) Are the arrangements satisfactory, or would you like
more help?

Satisfactory 5
Like more help 6

- on to
next page

104. Do you have any special difficulties with housework due
to your (disability)?

Yes 1 ask (a)
No 2

If Yes (1)

(a) Would you like (more) help with the housework, or do you
manage all right?

Like (more)help 3
Manage all right 4

105. Do you use any of the following to help you with housework?

INDIVIDUAL
PROMPT

a) Vacuum cleaner or carpet sweeper 1
b) Vacuum cleaner attachments for dusting 2
c) Squeezy/mop with long handle 3
d) Electric polisher 4
e) Any other equipment to help with housework
(Specify) 5

CODE ALL
THAT
APPLY

None of the above 9

106. Have any alterations or additions been made to furniture,
household fittings or household equipment to make it easier
for you to do your housework?

Yes 1 ask (a)
No 2

If Yes (1)

(a) What has been done?

IF INFORMANT HAS DEPENDENT
CHILDREN UNDER 12 YRS. ASK
QN.107, OTHERWISE GO ON TO
NEXT SECTION.

To all WOMEN with dependent children under 12 years old

107. Because of your (disability) do you have any special difficulty in taking care of the children yourself?

Yes 1 ask (a)-(e)
No 2 go on to next section

If Yes (1)

How do you manage about [ask (a)-(e)]

(a) Feeding and getting their meals - Can you do it yourself

Without difficulty 0
Only with difficulty 4
or Does someone else have to do it? 5
(specify who)

(b) What about washing and bathing them, or seeing that they keep themselves clean? Do you have any trouble with this because of your (disability) or can you manage alright?

Have trouble 3 - ask (i)
Manage 4

If has trouble (3)

(i) How do you cope with this? [Specify who if done by someone else]

(c) Getting them dressed (and off to school) - can you manage this alright, or does your (disability) make it difficult?

Manage alright 5
Disability causes trouble 6 - ask (i)

If trouble (6)

(i) Can you tell me how you cope?

(d) Do you feel you can't play with them enough, or share their leisure, because you have (disability), or doesn't it make any difference?

Can't play/share leisure 7
Makes no difference 8

(e) Are there any other ways in which you feel your (disability) prevents your doing all you want to to care for them, and make them happy?

Yes 1 - ask (i)
No 2

If Yes (1)

(i) Can you tell me what you think they lack because of your (disability)?

HOUSING can make a big difference to whether people can get about the house, so I'd like to ask you about this.

108. How old is this house? Pre 1914 1
 [If dwelling built-on - age of Inter-war (1919-1945) 2
 part lived in by this household] Post war (after 1945) 3

109. How long have you lived at this address? _____ yrs.

110. Type of accommodation

L.A. Old people's flat/bungalow (any accommodation with warden) Y
 L.A. Old people's flat/bungalow/bedsitter/one bedroom X
 L.A. purpose built dwelling for handicapped people 0
 Purpose built (Vol. Agency) flat for old or handicapped 1
 Purpose built (Vol. Agency) house for old or handicapped 2
 Other flat in block/maisonette 3
 Self-contained flat in house 4
 Room(s) in house (not self-contained) or lodging house (no service) 5 - ask (a)
 (b)
 Bungalow, one-storeyed cottage, or duplex, prefab., etc. 6
 Whole house/cottage (more than one storey) 7
 Non-permanent dwelling - caravan/tent etc. (not prefab.) 8
 Hotel/boarded house/hostel (some service) 9
 Others (specify) 10

If part of house (5)

(a) How many other households live at this address?

(b) Are any members of these other households related to you?
 If so, state relationship.

No relations 0

Relationship _____

111. How many rooms do you have for the use of your household?

[exclude bathroom, w.c. and kitchen unless it is used to eat one sit-down meal in regularly. Any rooms not used because house too big, uninhabitable or inaccessible should be included; rooms shared as a right are included.]

112. Are there any rooms you can't get to and use because of your (disability)?

Yes Y - ask (a)
 No X
 D.N.A. - Bedfast 0

If can't use any rooms (Y)

(a) Why can't you use them?

CODE ALL Stairs 2
 THAT APPLY Doors too narrow for wheelchair 3
 Other reasons (specify) 4

113. In which room do you spend most of the day (time when you're at home), [for housewives add - "apart from cooking and housework"]?

ONE	Living room	1
CODE	Bedsitter	2
ONLY	Bedroom	3
	Kitchen	4

114. How do you heat (room named)?

[If different heating summer/winter code both, but ignore emergencies only]

	Central heating	Y
	Solid fuel fire/heater	X
CODE	Electric fire/heater/storage	0
ALL	Gas heater	1
THAT	Electric floor-warming	2
APPLY	Oil heater	3
	Cooker/boiler/"non" heating appliance	4
	Other (specify)	5

115. Do you always sleep in the bedroom, or do you sometimes sleep in the living room? [Living rooms converted permanently to bedrooms count as bedroom].

D.N.A. Bedsitter (One room only)	1
Always sleep in bedroom (incl. room converted) ..	2
Sometimes (always) in living room	3 - ask (a)

If Sometimes (always) in living room (3)

(a) Is this because of your (disability), or is there another reason?

Disability	4
Other reason (specify)	5

Can you tell me something about the amenities you have here?

116. Do you have

CODE ALL	(Mains) Electricity laid on	7
THAT APPLY	(Mains) Gas laid on	8
	Neither gas nor electricity	9

117. Do you have a kitchen (whatever it's called)?

[Establish if necessary whether sole use or shared with other households]

Sole use of kitchen	1
Shared use of kitchen	2
No kitchen	3- ask (a)
D.N.A. Hotel/boarder	4

If no kitchen (3)

(a) Do you have any cooking facilities (able to boil at least one saucepan)?

Some cooking facilities	6
No cooking facilities	7

118. Do you have a fixed bath? [Include bath fitted in kitchen]

[Establish if necessary whether sole use or shared with other households]	Sole use of fixed bath	1
	Shared fixed bath	2
	No fixed bath	3

119. Do you have a piped hot water supply inside the dwelling?

[Check if necessary whether shared]	Sole use of piped hot water...	4
	Shared piped hot water	5
	No piped hot water	6

120. What about cold water. Do you have piped cold water inside the dwelling?

[Check if necessary whether shared]	Sole use of piped cold water	7
	Shared piped cold water	8
	No piped cold water	9

121. Do you have a w.c. (flush toilet)?

[Check if shared]	Sole use of w.c.	1	} ask (a)- (c)
	Shares w.c. with other h/ds.	2	
	No w.c.	3	

[If no w.c., substitute "toilet" or if known,
earth/chemical closet, etc. for (a)-(c)] ←

(a) Is there an indoor w.c./toilet? Yes, indoor Y
No, outside only X

[2 w.c.'s, 1 in, counts as Yes]

(b) During the day do you have to go up or downstairs to use a w.c./toilet?

[Irrespective of whether inside or out]	ONE CODE ONLY	Yes, up or downstairs	1
		No, same level (inc. 1 or 2 steps)	2
		D.N.A. - uses commode, etc.	3

(c) During the night do you have to go up or downstairs to use a w.c./toilet?

[Irrespective of whether inside or out]	ONE CODE ONLY	Yes, up or downstairs	4
		No, same level (inc. 1 or 2 steps)	5
		D.N.A. - uses commode, etc.	6

If outside, or stairs (X, 1, 4)

(i) Do you find this (having to go outside/up and down stairs) -

RUNNING PROMPT	Very inconvenient	7
	Sometimes inconvenient ...	8
	or are you satisfied?.....	9

FOR THOSE SCORING 0 ON THE TESTS ASK G ONLY

Some people have had alterations made to the house to make it easier for them to get around. They might not be needed in your case, but may I just check?

122. Have you had any of the following fittings made because of your (disability)?

Fitting	Fitted?		If Yes (2) a) How much did it cost you (your family)?			If paid i) Was this full or part cost?		If free or part cost ii) Who paid (the rest)?	
	No	Yes	£	s.	Free	Full	Part		
A) Bannister rails?	1	2			0	3	4		
B) Replaced coal fires with something easier?	1	2			0	3	4		
C) Had handrails/handles fitted to									
i) bath	1	2			0	3	4		
ii) toilet	1	2			0	3	4		
D) Widened or reversed doorways?	1	2			0	3	4		
Remind - because of (disability)									
E) Added/converted									
i) a lavatory	1	2			0	3	4		
ii) a bathroom	1	2			0	3	4		
<u>Wheelchair users only</u>									
F) Installed ramps/paths?	1	2			0	3	4		
D.N.A. X									
<u>TO ALL</u>									
G) Has anything (else) been done to make it easier to do things or get about? (Specify below)	1	2			0	3	4		

123. Would you like any (other) alterations made to the house, or any fittings to make it easier for you to manage to do things or get about?

Yes A - ask (a)
(b)
No X

If Yes (A)

(a) What would you like done? [NO PROMPT]

	Bannister rails	1
	Central heating/change fires	2
CODE	Handrails to bath	3
ALL	Handrails to toilet	4
THAT	Widen/reverse doorways	5
APPLY	<u>Install/change position of</u>	
	lavatory	6
	bathroom	7
	Install ramps/pathways	8
	Others (specify)	9

(b) Have you tried to get it (them) done?

Yes A - ask (i)
No, not tried X - ask (ii)

If tried (A)

(i) Whom did you approach, and what happened?

On to Qn.124

If not tried (X)

(ii) Why haven't you tried to get done?

	Impractical (dwelling condemned, etc.)	1
	Can't afford it/cost	2
CODE	Authorities no good	3
ALL	Don't know where to go	4
THAT	Don't know what's available	5
APPLY	Never bothered/don't know why... 6	
	Other answers (specify)	9

124. Ownership of dwelling (subject or spouse is)

e.g. Informant is mother living with son who is L.A. tenant. This would be coded 5, 8 or 9 according to circumstances.

- Owner/occupier owns outright 1 - ask (a)
 Owner/occupier has mortgage 2
 Leaseholder (pays ground rent only) 3
 L.A. or council tenant 4
 L.A. or council house (pays rent to L.A. tenant) 5
 Rented, not council, furnished 6
 Rented, not council, unfurnished 7
 Boarder 8
 Lives rent free 9
 Other (specify) 10

If owner/occupier (1,2)

(a) May I ask the Rateable Value of this property? R.V.£

125. Because of your (disability) do you have any extra expenses with regard to housing?

Yes, extra expenses Y - ask (a)
 No X

If extra expenses (Y)

(a) What expenses, and how much extra does it cost? (check because of disability)

INTRODUCE

Rent and rates free 0

126. Cost of housing [Informant] - omit items which cannot apply.

[Total cost before sub-letting if any]

	Cost			Period	
	£	s	d.	Wk.	Other (specify)
1. Rates (net, deducting rebate if any) [If paid separately]				1	
2. Water rates [If paid separately]				1	
3. Ground rent				1	
4. Feu duty (Scotland only)				1	
5. Mortgage repayment interest				1	
6. Service, maintenance charges				1	
7. Rent (unfurnished) deduct rebate(s) if any				1	
8. Rent (furnished) - no services				1	
9. Rent (furnished) services/board (specify)				1	

INTRODUCE [I'd like to know how you feel about living here]

127. Would you like to move from here, or do you prefer to stay?

Don't want to move, but has to 0 - on to Qn.129
Is about to move 1
Like to move 2-see note A
Want to stay 3-see note B

Note A Like to move - add - "We don't have any influence with the Council, so it won't be possible to help you personally - but your views will help in future planning" - ask Qn.128.

Note B Want to stay - Reassure any elderly people "That's fine, we just wanted to know you are satisfied" or something like that - GO ON TO NEXT SECTION.

TO ALL WANTING TO MOVE OR IN PROCESS OF MOVING

128. Do you want to leave here (are you leaving here) because

PROMPT You can't manage because of the house itself Y
CODE ALL You don't like the area/people X
THAT APPLY or Is there some other reason? (specify) 0

129. What sort of place would you like to move to? (are you moving to?)

Old People's Home/Institution, etc. Y
Place without stairs (Flat/bungalow stairs mentioned) X
CODE Smaller place 0
ALL Larger place: 1
THAT Self-contained accommodation 2
APPLY More modern (amenities mentioned) 3
Garden/allotment 4
"Better" area (seaside/country/warmer/no smoke) 5
"Nicer" area (friendly, 'posher', better class) 6
Other answers (specify) 7

If about to move go to next section.
If has to move but does not want to or wants to move - ask Qn.130.

INTRODUCE Some councils provide special accommodation for people with disabilities - so I'd like to ask a few questions about Council Housing.

130. Have you applied to this Council for rehousing since you've been living here?

Yes X-ask (a)(b)
No 7-ask (c)

If applied (X)

(a) How long ago did you apply? Less than 6 months Y
6 mths. but less than 1 yr. 0
1 yr. but less than 2 yrs. 1
ONE 2 " " " " 3 " 2
CODE 3 " " " " 4 " 3
ONLY 4 " " " " 5 " 4
5 " " " " 10 " 5
10 years or more (specify) 6

(b) Have you been offered any accommodation?

Yes Y-ask (i)
No X-on to next section

If Yes (Y)

(i) Why did you refuse it?

GO ON TO NEXT SECTION

To all who have not applied for rehousing (7)

(c) Why Haven't you applied to the Council for rehousing?

Don't want L.A. housing/buying house 1
Wants to move right away (out of area) 2
Thinks ineligible 3
CODE No point (waiting list/none available/
ALL L.A. unco-operative) 4
THAT Not well enough 5
APPLY Can't afford move/rent 6
Haven't bothered/not wanted immediately/
don't know 7
Other answers (specify) 9

Details of Income

1. If subject is married (even if spouse is not included in sample) details of income are required for both husband and wife on the same schedule. Where the wife is likely to have an income of her own, questions should be put separately, direct to her, even though they be recorded on the same schedule.
2. For wages or salaries we require net amount after deductions for tax and national insurance only. Check that other deductions have not been made, e.g. savings, superannuation, club membership. If these deductions have been made, they should be added on to take-home pay.
3. Incomes per week or per month should be recorded in pounds and shillings (ignore pence), and annual incomes in £s only (ignore shillings and pence). Where informant answers for periods other than that required by the answer - be sure to note the period for which amount given applies.
4. If the informant is drawing a Supplementary Pension or Allowance (Nat. Assistance), omit Qn.144.

INTRODUCE: [We'd like to find out if people like yourself have extra expenses they might find it hard to meet on their present income. Could you tell me first what your income is?] - [standard definition of income - deducting income tax and national insurance, but including overtime, bonus, pension, etc.]

Informant (incl.
spouse if has
joint income)

Spouse if has
separate income

131. What was your total income last week?

£ _____ s. £ _____ s.

132. Is this the amount you usually have, or was last week unusual?

Usual 1 -

Unusual ... 2 -ask (a)
(b)

If Unusual (2)

(a) Why was it different last week?

Informant
or joint

Spouse if
separate

(b) What do you (and your wife) usually get? £ _____ s. £ _____ s.

THEN - for each dependent child (if any), mentally subtract £2 from the total income.

IF single, widowed, separated with adjusted total less than £13.

IF married couple with adjusted total less than £17

- ask full income details

If over these amounts - go on to Qn.145

INCOME DETAILS - ASK QUESTIONS APPLICABLE - OR USE AS CHECK QUESTIONS

TO THOSE SELF-EMPLOYED, or whose WIFE IS SELF-EMPLOYED

Informant (incl.
spouse if has
joint income)

Spouse if has
separate income

133. How much was your total income (and your wife's) in the last 12 months for which you can give a figure, from your business (practice) etc?

£ _____

£ _____

[After deducting business expenses and income tax.]

Note here if income tax not known.

		Informant (incl. spouse if has joint income)	Spouse if has separate income
134. Earnings last week from work		£ _____ s.	£ _____ s.
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Including overtime, tips, bonus, etc. Excluding N.I. and Income Tax </div> None ... 0		0	0
<u>If any earnings</u>			
(a) Is this the amount you usually take home, or is this week unusual?			
Usual 1			
Unusual 2 ask (i)(ii)			
<u>If unusual (2)</u>			
(i) What was different last week?			
(ii) What do you (your wife) usually get?			
		£ _____ s.	£ _____ s.
135. Apart from your regular job, do you (your wife) receive any income from casual work?			
Yes 1 ask (a)(b)		Off. use	
No 0		1 2 3 4	
	A	<div style="display: flex; justify-content: space-around; width: 100%;"> 1234 </div>	
	B	<div style="display: flex; justify-content: space-around; width: 100%;"> 1234 </div>	
<u>If Yes (1)</u>			
(a) How much do you get (a week)? £ _____ s			
(b) For how many weeks a year? _____			
136. Are you at present receiving any of the following <u>State</u> benefits? (Ask or check as appropriate). If Yes, give amount per week, even if not drawn weekly.			
	NO	£ s.	£ s.
(1) National Insurance Retirement Pension	0		
(2) Supplementary pension (Nat. Assistance)	0		
(3) Industrial disablement pension (incl. any additional allowance paid)	0		
(4) War disability pension (incl. any additional allowance paid)	0		
(5) Nat. Ins. Widow's pension or allowance	0		
(6) War widows or industrial pension .	0		
(7) Family allowance/guardians allowance/childs special all. ..	0		
(8) Maternity benefit	0		
(9) Sickness or industrial injury benefit	0		
(10) Unemployment benefit	0		
(11) Supplementary allowance (National Assistance)	0		
<u>If any benefit (8-11) - ask (a)</u>			
(a) For how many weeks have you been drawing this benefit? _____ weeks			
<u>If 13 weeks or less</u>			
(b) What was your wage the last week you worked? £ _____ s.			

137. Do you receive any of the following employer's pensions (regular allowances) at present?	No	Amount per week after deduction of income tax	
		Informant	Spouse
		£ s.	£ s.
(a) Central or local Government?	0		
(b) Own or husband's/wife's employer (not (a))?	0		
138. Do you or your wife receive any annuities?	0	<p><u>If Yes</u></p> <p>a) How much did you (your wife) get for last payment?</p> <p>Informant....£ s.</p> <p>Spouse.....£ s.</p> <p>b) How many such payments do you get a year?</p>	
139. Do you or your wife receive any income from Trade Unions, Friendly Societies or charitable organisations?	0	<p><u>If Yes - record weekly amounts</u></p> <p>Informant Spouse</p> <p>£ s. £ s.</p>	
140. Do you or your wife receive any separation allowance or alimony?	0		
141. Do you (or your wife) receive any regular cash help from children, relatives or friends not in the household?	0		
142. Do you or your wife receive any rent from lodgers, boarders or sub-tenants of <u>this</u> house? [Including children]		<p>Yes.....1 ask (a)(b)</p> <p>No2</p>	
<u>If Yes (1)</u>		(a) About how much did you (and your wife) receive in the last 12 months, before allowing for expenses?	
(b) Do you provide any of the following services (to your boarders lodgers, etc.)?		£	
CODE ALL THAT APPLY		<p>Light.....1</p> <p>Heat.....2</p> <p>Breakfast only.....3</p> <p>Breakfast and one meal only.....4</p> <p>All meals.....5</p> <p>Cleaning.....6</p> <p>Laundry.....7</p> <p>Furniture.....8</p> <p>None of the above.....9</p>	
143. Did you (or your wife) have any income from any other source last week?		<p>Yes.....1 ask (a)(b)</p> <p>No.....9</p>	
<u>If Yes (1)</u>		(a) From what source?	
(b) About how much did you (and your wife) receive in the last 12 months?		£	

Omit question 144 where informant is drawing a Supplementary Pension or Allowance (National Assistance)

144. Do you or your wife have any money in

- (i) The bank, savings bank, co-op, saving certificates, building society, premium bonds?

Yes, self..... 1
Yes, wife..... 2
No, neither..... 3

- (ii) Stocks, shares, including War Loan, etc.?

Yes, self..... 5
Yes, wife..... 6
No, neither..... 7

- (iii) Property other than this dwelling house?

Yes, self..... 9
Yes, wife..... X
No, neither..... 0

If has any savings

- (a) Taken together [remind inf. of items] would you say that altogether (not counting this house if owned) you have:

RUNNING	Over £2,500.....	1
PROMPT	£300 - £2,500.....	2 - ask (i)
	Less than £300.....	3

If between £300 and £2,500 (2)

- (i) (It would help me to get it more accurately) specify amount £ _____

145. We've already talked about the extra expenses for housing. Do you have any extra expenses due to your (disability) for:

	<u>No</u>	<u>Estimate weekly amount</u>
(a) Domestic help?	0	£ _____ s.
(b) Heating?	0	£ _____ s.
(c) Special diets?	0	£ _____ s.
(d) Anything else we haven't mentioned? (Specify)	0	£ _____ s. £ _____ s. £ _____ s.

146. If any extra expenses

In the past year did you (or your wife) use up any of your savings, or raise a loan on property or insurance policy, or anything like that, to meet these extra expenses?

Yes..... 1 - ask (a) (b)
No..... 2

If Yes (1)

- (a) Which of these expenses?

- (b) How much money did you use?

£ _____

147. <u>Telephone</u> - Is there a	Phone for use of h/d, can use	1] - ask (a)
	" " " " " cannot use	2	
RUNNING	No phone in h/d, but can use	3	
PROMPT	" " " " cannot use?	4	

If phone for use of h/d. (1, 2)

(a) Do you have a standard phone or is it specially adapted in any way?

Standard model	5
Specially adapted	6

148. Some people say they miss a lot of things by being disabled, others say they get as much out of life as most other people. How do you feel?

149. What would you say is the main disadvantage of having (disability)?

150. Is there anything else you'd like to tell me that I haven't asked about?

WHEELCHAIR SCHEDULE

TO ALL WHO USE WHEELCHAIR

--	--	--	--	--	--	--	--

301. Can you get in and out of your chair on your own, (even if you have trouble doing it)?

Yes 4
No 5

302. For how long have you been using a wheelchair?

Less than 6 months Y
6-11 months 0
No. of years

303. Can you use the chair on your own, or do you always have to be pushed?

Yes, use on own 1 - ask (a)
Use on own inside only 2 - ask (a)
Use on own outside only 3 - (b)(c)
Have to be pushed 4 - ask (b)(c)

If use on own (1,2,3)

(a) Is it electrically powered, or do you propel it yourself when you're using it on your own?

Electrically powered 6
Self-propelled 7

If has to be pushed (2,3,4)

(b) Who usually pushes your chair (when you don't do it yourself)?

(c) Does (person) have any difficulty, or does he/she manage quite easily?

Manages easily 8
Has difficulty 9 - ask (i)

If has difficulty (9)

(i) Why is that?

IF USES INSIDE (Qn.25 - codes 2,4) D.N.A. - not used inside . . . X - go on to Qn.306

304. Does using your chair in the house have any drawbacks, or cause any special difficulty?

No 0
Doors too narrow 1
Knocks/collides with furniture 2
Can't manage (internal) stairs/steps 3
Others (specify) 6

305. Have you had to re-arrange carpets or furniture to enable you to use your chair inside the house?

Yes, re-arranged 1 - ask (a)
No 2

If had to make re-arrangements (1)

(a) Has this involved you in any extra expense?

Yes, extra expenses 3
No 4

TO ALL HAVING WHEELCHAIRS

306. Did anyone official show you how to use your chair?

Yes, shown 5 - ask (a)
No 6 - ask (b)

If Yes, shown (5)

(a) Did you get enough instruction, or did you feel you needed more?

Enough instruction 1
Needed more 2] GO ON TO TESTS

If No, not shown (6)

(b) Would it have been easier for you if you had been shown by an official how to use it or wouldn't it have made any difference?

Easier 4
No difference 5] GO ON TO TESTS

- special care 1 -
SPECIAL CARE SCHEDULE

Serial No.

--	--	--	--	--	--	--	--

If the disabled person is not able to:

- (a) understand the questions, or give rational answers e.g. is mentally impaired, senile
- or (b) is permanently bedfast
- or (c) is not bedfast, but confined to a chair, and cannot get in or out of the chair without the aid of some other person
- or (d) needs someone to supply most of her personal needs

the following questions need to be asked, either of the subject herself, or of the person mainly responsible for looking after her.

If direct to subject, change wording from "she" to "you" etc.

Code: Not possible to ask any questions direct 1
Some questions direct 2

201. If (person) needs something and there is no-one in the room, how does (she) let someone know (she) wants them -

(a) during the day?

(b) during the night?

(c) Whenever () wants something can (she) usually manage to attract someone's attention?

[If proxy
I'd like to know something about what you do for ()]

202. Once () has (her) food, can (she)

(a) Cut it up (herself)?

Yes 1
No 2

(b) Get it to (her) mouth on (her) own
or does (she) have to be fed?

Eats on own 5
Has to be fed 6

203. What about drinking? Can (she) lift the cup (herself) or does (she) have to have help?

Can drink on own 7
Has to have help 8

204. How does () manage about washing (her) hands and face?

Does (she) have to have the water brought to (her) or can (she) get to the wash-basin?

Has to be brought 1 on to Qn.205
Gets to the wash-basin 2 ask (a)

If can get to the wash-basin (2)

(a) Can (she) get to the wash basin on (her) own or does (she) have to have someone to help (her)?

Can go on own 4
Has to have help ... 5 - ask (i)

If has to have help (5)

(i) Who helps (her)?

205. Once (she) has the water (or has got to the basin) can (she)

(a) Wash (her) own hands and face without help? Yes 8
No 9

206. What about a bath or a body wash?

Can (she) get to the bath or does (she) have to have an all-over wash?

Can get to the bath 1 ask (a)-(c)
Has all-over wash or no bath 2 ask (d)-next page

If can get to the bath (1)

(a) Can (she) get to the bathroom on (her) own or does (she) have to have someone to help (her)?

Can get to bathroom on own 3
Has to have help 4

(b) Can (she) get in and out of the bath on (her) own or does (she) have someone to help (her)?

Can get in/out of bath ... 5
Needs someone to help 6

(c) Once (she) is in the bath can (she) bath (herself) without help?

Yes 7 on to Qn.207 men, 208 women
No 8 ask (i)-(ii)

If No (8)

(i) Who washes her?

(ii) How often?

GO ON TO QN.207 IF SGT. MALE
OR QN.208 " " FEMALE

(Qn.206 Cont'd ...)

If has all over wash or no bath (2)

(d) Once (she) has the water, can (she) wash herself down without help?

Yes 7 on to
Qn.207 men
Qn.208 women
No 8 ask (i)(ii)

If No (8)

(i) Who washes her?

(ii) How often?

MEN ONLY

207. Can he shave himself or does someone have to do it for him?

Doesn't have a shave 0 - ask (a)
Shaves self 3 on to Qn.208
Someone shaves him 4 - ask (b)(c)
(d)

If doesn't have a shave (0)

(a) Can you tell me why he doesn't have a shave?

GO ON TO QN.208

If someone shaves him (4)

(b) Who shaves him?

(c) How often does he have a shave?

(d) Does he have to pay anything? If so, how much?

TO ALL

208. What about using the toilet - can (she)

RUNNING	get to the toilet on (her) own	1	on to Qn.214
PROMPT	get there only if helped	2	
	cannot get to toilet, even with help?	3	- ask (a)

If cannot get to toilet (3)

(a) What does (she) use?	Commode	4	ask Qn.209
	Chamber	5	
INDIVIDUAL	Bed pan	6	ask Qn.210
PROMPT	Tube or catheter	7	ask Qn.211
CODE ALL THAT	MEN ONLY-Bed bottle	8	ask Qn.212
APPLY	Other appliance or method	9	ask Qn.209
	(specify)		

If uses commode, chamber, other appliance. (4, 5, 9)

209. Can (she) get to the (... appliance ...) on (her) own or does (she) have to have someone to help (her)?

Can use on own ...	1	ask (a)
Has to have help	2	ask (b)-(d)

If can use on own (1)

(a) Who empties it?

Go on to Qn.214 UNLESS
also uses bed pan - ask Qn.210
or catheter, tube - ask Qn.211
or bed bottle - ask Qn.212

If has to have help (2)

(b) Who helps (her) and empties it?

----- helps
----- empties it

(c) About how many times a day does (she) generally need help with the (... appliance ...)?

(d) And what about during the night? Does (she) use it

RUNNING	Practically every night	6	
PROMPT	Two or three nights a week	7	ask (i)
	About one night a week	8	
	or Not very often ?	9	

If uses during night (6, 7, 8)

(i) On the nights (she) does call someone, is it usually only once, or is it more often?

	Usually only once	1
(If more often, specify usual number of times)	No. of times	

Go on to Qn.214 UNLESS
also uses bed pan - ask Qn.210
or catheter, tube - ask Qn.211
or bed bottle - ask Qn.212

If uses bedpan (6)

210. Does (she) keep it handy, or does (she) have to call someone to give (her) the bedpan during the day?

Keeps it handy 1 ask (a)
Has to call 2 ask (b)-(d)

If keeps handy (1)

- (a) Who empties it?

GO ON TO Qn.214 UNLESS
also uses catheter,tube - ask Qn.211
or bed bottle - ask Qn.212

If has to call (2)

- (b) Who gives it to (her) and empties it?

----- gives it to her
----- empties it

- (c) About how many times a day does (she) usually

need to be given a bedpan?

- (d) And what about during the night? Does (she) need it

	Practically every night	6] ask (i)
RUNNING	Two or three times a week	7	
PROMPT	About once a week	8	
	Not very often?.....	9	

If uses at least once a week (6, 7, 8)

- (i) On the nights (she) does call someone is it usually only once, or is it more often?

Usually only once 1
(If more often, specify usual No. of times
number of times)

GO ON TO Qn.214 UNLESS
also uses catheter,tube - ask Qn.211
or bed bottle - ask Qn.212

If uses tube or catheter (7)

211. Does (she) need any help because (she) has to use the tube (catheter)?

Yes 1 ask (a)
No 2

If needs help (1)

- (a) What needs to be done?

GO ON TO Qn.214

If uses bottle (8) - ask Qns. 212 and 213

212. Does he have to call someone to give him the bottle, or does he keep it handy during the day?

Has to call 1 ask (a)
Keeps it handy 2

If has to call (1)

(a) About how many times a day does he have to ask for it?

213. And what about during the night? Does he keep it handy, or does he have to call someone during the night?

Has to call Y ask (a)(b)
Keeps it handy X

If has to call (Y)

(a) Does this happen

RUNNING
PROMPT

Practically every night 6
Two or three times a week 7
About once a week 8
Not very often 9

(b) And on the nights he has to call someone, is it usually only once, or is it more often?

(If more often specify
usual number of times)

Usually only once 1
No. of times

ASK ALL

214. Can (she) brush and comb (her) hair, or does someone have to do it for (her)?

Bald X
Can brush or comb own hair 1
Someone has to do it 2

215. Can (she) dress or undress (herself), or change (her) clothes without help, or does someone have to help (her)?

Can dress/undress ... 4 on to Qn.216
Needs help 5 ask (a)

If needs help (5)

(a) Can (she) do

○
RUNNING
PROMPT

Most of (her) own dressing 7
Only some things for (herself) 8
or Do you have to do practically all
(her) dressing for (her)? 9

216. Can (she) change (her) position in bed without someone helping (her)?

Can change position 3 on to Qn.217
Needs help 4 ask (a)(b)

If needs help (4)

(a) How often during the day does (she) need help to change (her) position in bed?

(b) How often during the night [does (she) need help in changing (her) position in bed]?

Code Qns. 217 and 218 if observed or already known, otherwise ask subject or proxy -

217. Can (she) make (her) wishes known by speaking?

If not

(a) in writing?

(b) by signs?

218. Can (she) on (her) own, a) get out of bed?

b) get out of (her) chair?

c) walk unaided (no sticks)?

d) use stairs unaided?

Yes No

0 1 ask (a)

0 2 ask (b)

0 3

0 4

0 5

0 6

0 7

ASK Qns. 219-221 of PROXY only, OUT OF HEARING OF INFORMANT.

If interviewing subject, or subject present, go on to Qn. 27 (white) and defer the rest of the questions in this section till end of interview. Place this page at end of rest of Schedule NOW - so you do not forget.

219. Does (she) have any trouble holding (her) water?

Yes 1 ask Qn.220
No 0 on to Qn.221

220. Does (she) wet (her) clothes, or the bed?

Wets clothes 2
Wets bed 3
Neither 4

221. Does (she) soil (her) clothes or the bed?

Soils clothes 5] ask (a)(b)
Soils bed 6]
Neither 7]

If soils or wets clothes or
bed(2, 3, 5, 6)

Check back to Qn.220. If
code 2 or 3 ask (a),
otherwise go on to Qn.27
page 16 - main schedule.

(a) How often do you have to change (her)?

(b) Do you use anything to protect the bedding or clothes?

Yes 1 ask (i)-(iii)
No 2 ask (iv)-(v)
unless very
infrequent
soiling when
on to Qn.27
page 16, main
schedule

If uses protection (1)

(i) What do you use?

(ii) Who supplies (item used)?

(iii) Do you (someone in household) have to pay for
them/it? If so, how much? (Note how often)

If no protection used (2)

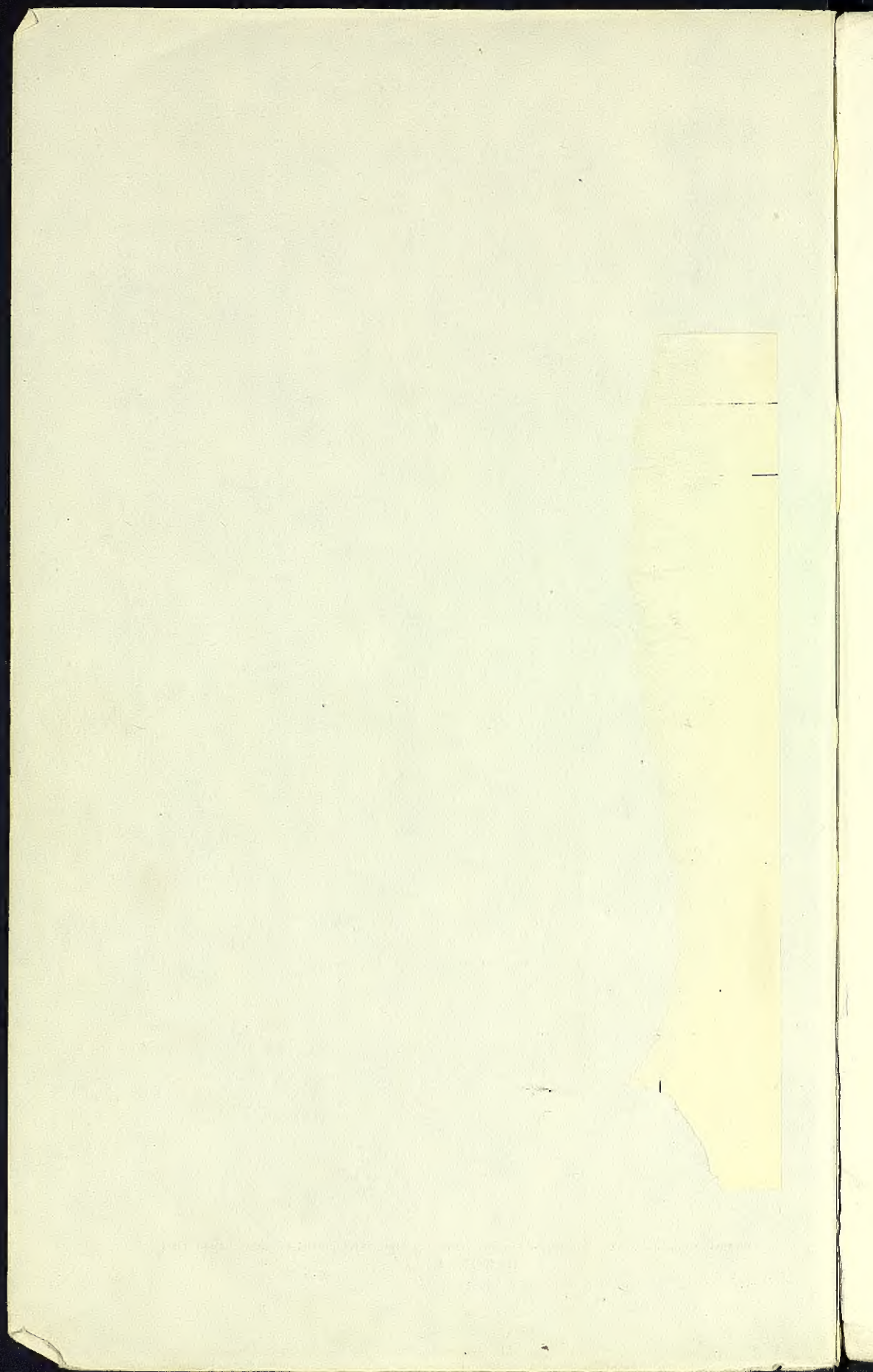
(iv) Does the local authority run a laundry service to
help people like yourself?

Yes 5
No 6
Don't know 7

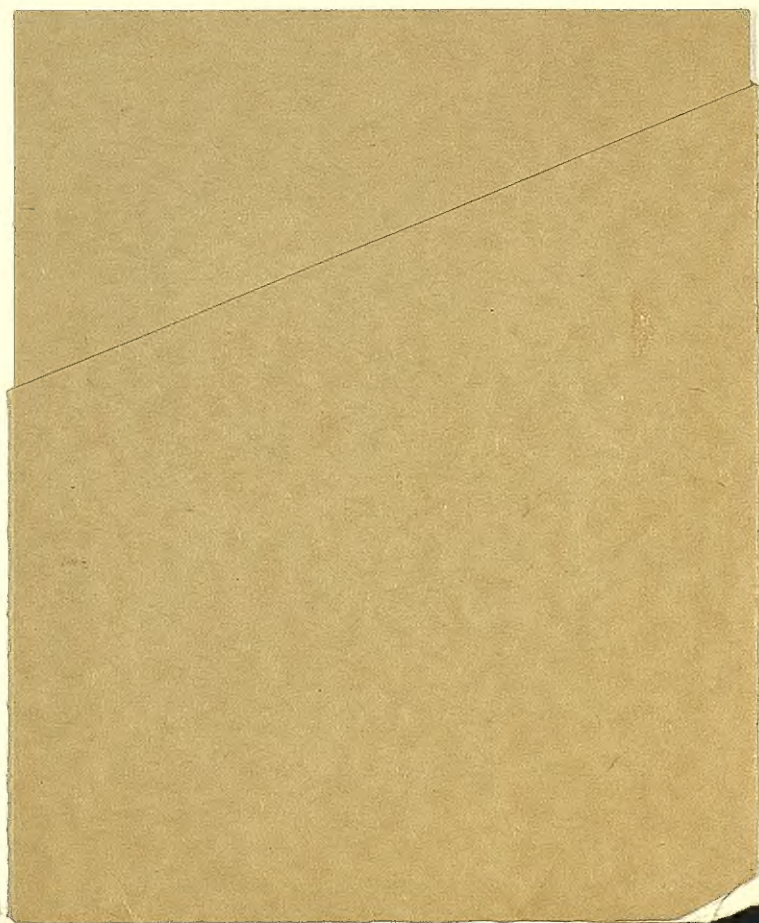
(v) Did you know you could get pads supplied
free by the Health Department?

Yes 8
No 9

GO ON TO QN.27. page 16, MAIN SCHEDULE



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